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ABSTRACT

Presented is the final report of a 1974-75 program of home instruction which involved nine preschool hearing impaired children. Described are activities which were conducted under 10 project objectives such as providing speechreading and auditory training, providing language activities, gaining parental interest and involvement, and developing and distributing brochures for parents of exceptional children. Program evaluation procedures and results are discussed. A major portion of the document consists of 10 appendixes which contain materials such as the brochures developed for parents, sample lesson plans, sample preschool program reports (records of daily activities with individual children), end-of-year reports on each of the nine participants, and a weekly and daily time schedule. (LS)

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FINAL REPORT FOR 1974-1975 PRESCHOOL HEARING IMPAIRED PROJECT: A WORKING MANUAL OF DETAILED CURRICULAR ACTIVITIES AND DIAGNOSTIC EVALUATION TECHNIQUES IN A HOMEBOUND INSTRUCTIONAL SETTING

NARRATIVE EVALUATION REPORT: PROJECT NO: 48-04072-46-380 (Part B, EHA Title VI); PARENT INFORMATION AND EDUCATION FOR THE HEARING IMPAIRED

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by

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SEPTEMBER, 1975

TABLE OF CONTENTS

		Page
DEBE 1432 for 1974-1975		1
Section 1:	General Description	5
Section 2:	Objectives	7
Section 3:	Activities	9
Section 4:	Evaluation Procedures and Results	20
Section 5:	Elimination of Gaps and Weaknesses	26
Section 6:	Dissemination Efforts	28
Appendix A:	Brochures for Mann Dissemination	30
Appendix B:	General Program Outline	37
Appendix C:	Sample Lesson Plans	39
Appendix D:	Sample 1973-1974 Preschool Program Reports used as Partial Resources for 1974-1975 Regular School Year Programing	45
Appendix E:	1974-1975 End-of-Year Reports (Case Studies)	73
Appendix F:	Notification of Third-Party Evaluation Visit	84
Appendix G:	Historical Background and Future Plans for Pre-school Hearing Impaired Program	86
Appendix H:	Weekly and Daily Time Schedule	88
Appendix I:	Contract for Printing of First Run (1000 Copies) of Brochures	90
Appendix J:	Grant Award Notification Letter	92

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF EDUCATION

FEDERAL PROJECT APPLICATION
(P.L. 89-313 and Part B, EHA)

BEBE-1432 (10/74) FORMERLY OE-FORM 9025)

(CHECK ONE)
- [ ] APPLICATION
- [ ] REVISION
- [X] REPORT

INSTRUCTIONS: Application - three copies of form, budget breakdown, narrative and abstract of narrative: Revision - three copies of form, budget breakdown and justification: Report - one copy of form and narrative evaluation. Submit to the Department of Education, Division of Special Education, Box 911, Harrisburg, Pennsylvania 17126.

APPLICANT AGENCY

NAME OF ADMINISTRATOR - LAST: Harken | FIRST: Dennis | MIDDLE INITIAL: U.

NAME OF AGENCY: Montgomery County Intermediate Unit 23

ADDRESS - NUMBER AND STREET: Colony Office Building, 6198 Butler Pike | CITY: Blue Bell | STATE: Pa. | ZIP CODE: 19422

COUNTY: Montgomery | AREA CODE AND PHONE NUMBER: (215)643-7600 | EXTENSION: 31

AMOUNT OF FEDERAL FUNDS REQUESTED: $24,960.00 (Revs. of 4/9/75)

LEGISLATIVE FUNDING AUTHORITY (CHECK ONE)
- [ ] P.L. 89-313
- [X] PART B, EHA

PROJECT DUPATION: FROM (MONTH, DAY, YEAR): 7/1/74 | TO (MONTH, DAY, YEAR): 6/30/75

TITLE OF PROJECT: Parent Information and Education for the Hearing Impaired

PDE USE ONLY

DATE RECEIVED

PROJECT NUMBER

DATE APPROVED

AMOUNT APPROVED

SIGNATURE

SEA RATING

STATISTICAL INFORMATION

(Application - Give estimated number of personnel and children served. Report - Give actual number of personnel and children served.)

TYPE OF HANDICAPPED CHILDREN SERVED	A. CHILDREN RECEIVING SERVICES: NUMBER OF CHILDREN SERVED							B. PROJECT PERSONNEL PAID FROM FEDERAL PROJECT FUNDS: NUMBER OF PERSONNEL PAID				C. PERSONNEL RECEIVING INSERVICE TRAINING FROM FEDERAL PROJECT FUNDS: NUMBER OF PERSONNEL TRAINED			
	0-2 YEARS	3-5 YEARS	6-9 YEARS	10-12 YEARS	13-18 YEARS	19 AND OVER	TOTAL	TEACHERS	TEACHER-AIDES	OTHER PERS.	TOTAL PERS.	TEACHERS	TEACHER-AIDES	OTHER PERS.	TOTAL PERS.
TRAINABLE MENTALLY RETARDED														2	2
EDUCABLE MENTALLY RETARDED														5	5
LEARNING DISABLED														10	10
EMOTIONALLY DISTURBED														3	3
OTHER HEALTH IMPAIRED														2	2
CRIPPLED														1	1
VISUALLY HANDICAPPED														2	2
DEAF-BLIND															
DEAF												5	1		6
HARD OF HEARING	3	6					9					15		2 1	2 16
SPEECH IMPAIRED												52		1	53
TOTAL	3	6					9		5			72	1	29	102

PROJECT EXPENDITURES

(Application - Give estimated dollar amount of Federal Funds required. Report - Give actual expenditures and unliquidated obligations.)

EXPENDITURE ACCOUNT	ACCOUNT NUMBER	SALARIES	CONTRACTED SERVICES	OTHER EXPENSES	TOTAL
Administration	0100		100.00		100.00
Instructional Salaries	0200	8,278.99	5,900.00	4,280.39	18,459.38
Pupil Personnel Services	0300				
Health Services	0400				
Pupil Transportation	0500				
Operation and Maintenance	0600			270.00	270.00
Fixed Charges	0800			1,430.01	1,430.01
Food Services	0900				
Student Activities	1000				
Community Services	1100				
Instructional Equipment	1243				
Non-instructional Equipment	1244				
				GRAND TOTAL	20,259.39

FEDERAL FUNDING BREAKDOWN

BY TYPE OF HANDICAPPED CHILDREN BENEFITING	AMOUNTS	TYPE OF CHILDREN	NUMBER OF CHILDREN
Trainable Mentally Retarded	$	Children ~~ages~~ participating in preschool activity (all pre-school age)	9
Educable Mentally Retarded			
Learning Disabled		Students participating in voc-ed activity	
Emotionally Disabled			
Other Health Impaired		Severely handicapped children participating directly	
Crippled			
Visually Handicapped		Children from low income families participating	
Deaf - blind			
Deaf		Children enrolled in nonpublic schools	1
Hard of Hearing	24,960.00	Additional children rec. only incidental serv.(indirect)	
Speech Impaired		American Indian children involved	
TOTAL HANDICAPPED	$ 24,960.00	Black children involved	
		Oriental children involved	
		Spanish surnamed children	
		Parents receiving direct services	

CERTIFICATION

I CERTIFY that, to the best of my knowledge, the information contained in this application is correct and complete and that the Applicant Agency has authorized me, as its representative, to give assurances and to file this application.

APPLICANT AGENCY IS IN COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964.

TYPED NAME OF AUTHORIZED REPRESENTATIVE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
Dr. Dennis U. Harken	Dennis Harken	12/5/71

PREFACE

In the Commonwealth of Pennsylvania, preschool programs of any type have generally been unavailable in the public sector. The major exception to this stiua ion has been the services and programs that have been provided under Title VI monies (such as the subject of the present report). However, the number of children who can be served by the latter arrangements is quite small. Basically, public school programing has by funding necessities been limited to children from kindergarten age onward. Thus, the technology and expertise has not had a chance to develop to a high level of sophistication. While preschool education for normal children is becoming a fairly established operation, such has not been the case for handicapped children. A definite need exists for disseminating the findings of special projects such as the present one. Efforts have been made in the present report to provide as much detail as possible in the area of curriculum for the preschool hearing impaired child, an area that has not received much dissemination as yet. Evaluation techniques have also been described in detail for those wishing to know more about this phase of conducting a preschool hearing impaired program.

The program described in this report was not a research study; to the contrary, the project discussed here was deliberately designed to be service-oriented and empirically-based in a practical sense. Many case studies have been provided in the several appendices to give the reader a feeling for exactly what types of specific activities were deemed appropriate at various preschool age levels. In effect, this report is viewed as a case book of real-life experiences that have been field-tested in typical situations; feedback on each activity's

effectiveness is often provided in these anecdotal accounts. This case-study approach lends itself well to an evolving technology of instruction as in the field of the preschool hearing impaired. The case-study approach is also appropriate to special education applied research studies in which two conditions typically prevail: small numbers of children, and a great deal of variation in the specific natures of disabilities. In an uncharted instructional area such as the preschool hearing impaired, it is usually far more fruitful to engage in a descriptive case-study activity then in statistics.

The feedback represented in this report is the result of a coordinated, long-range plan of applied instructional research carried out by the Montgomery County Intermediate Unit. Appendix G contains a brief history of the preschool hearing impaired program efforts, as well as future plans. The fact that the results of the 1974-1975 program have been greatly affacted by previous efforts in this specific area of handicapped programing is reflected in the inclusion of case study material from the previous 1973-1974 year of operation (Appendix D). Because the 1974-1975 year embodied a program of homebound instruction, the materials should be valuable for anyone concerned with such an instructional model.

A final note is in order. Because of the case-study approach essential to reporting results of a project such as this, there is the danger of breach of confidentiality. On August 27, 1975, the Montgomery County Intermediate Unit Board of School Directors approved a document entitled, "Principles for Collection, Maintenance, and Dissemination of Student Records"; on September 15, 1975, this document was officially approved by the Pennsylvania Department of Education's Division of Pupil Personnel Services. In twin, a separate document

entitled, "Operational Guidelines: Department of Records," was written to help implement the confidentiality policy. In accord with the standards of these two documents, all case-study data reported in this document has been rendered anonymous. Two initials have been arbitrarily assigned, with no relationship to the child's actual initials. Staff members have also for the most part had identification removed. Names of places have also been changed to nondescript items such as "Anytown." Thus, the rights of parents, students, and staff members have been fully protected.

SECTION 1

GENERAL DESCRIPTION

This project was designed as an exemplary effort to program for the pre-school, hearing-impaired child. Several techniques of programing for these children were devised and put into service. A special program of parental involvement was implemented that proved highly successful. An information dissemination component was also built into the project to provide a multiplier effect strategy for benefitting as many children as possible.

Pre-school exceptional children, especially the hearing impaired, are often deprived of learning opportunities similar to those experienced by normal children. They frequently suffer social, emotional, physical, and mental limitations in the exploration of their environment as a result of their diagnosed handicap. These children are less likely to profit maximally from their daily experiences. It has been demonstrated experimentally and experientially that these exceptional children need directed teaching to learn what normal children gain through experience. These children need opportunities for intensified and directed learning in order to afford them the opportunity to achieve to their fullest potential.

The parents of these children often are lacking in knowledge and information with regard to possible symptoms of various handicapping conditions. They are unfamiliar with the location of agencies or facilities to provide for the proper identification and diagnosis of the child's disability. They are not cognizant of materials and procedures for maximizing their exceptional child's learning.

The parents of the children involved in this project were encouraged to become actively involved in the therapy process. This segment of the project was intended for all parents of pre-school exceptional children of the Montgomery County Intermediate Unit. These parents were reached through the local school and other agencies specifically dealing with pre-school children.

This project was intended for pre-school children who had been diagnosed as hearing impaired. The number of children served by this project was 9. The children who were finally allowed entrance into this program as being appropriate were between the ages of 22 months and 4½ years.

SECTION 2

Objectives

The objectives of this project were to provide speech and language activities to hearing impaired pre-school children. These activities were provided on an individual basis, one to two times per week, by qualified professional personnel. Specifically:

(1) To provide speechreading and auditory training activities as deemed appropriate by staff evaluation.

(2) To provide language activities to pre-school hearing impaired children on an individual basis.

(3) To gain parental interest and involvement in order to create a more meaningful learning environment for these children.

(4) To provide information to the parents in order to familiarize them with their child's level of functioning.

(5) To train the parents to carry out specific activities which will assist in stimulating their child's language growth.

(6) To assist the parents in securing appropriate medical and educational contacts.

(7) To develop brochures describing and defining several areas of exceptionality, giving possible symptomatology and suggesting agencies which might be of assistance.

(8) To distribute these brochures to all school districts of the Intermediate Unit and to various other agencies for distribution to parents of pre-school exceptional children.

(9) To make parents of pre-school exceptional children more aware of the Special Education services available through the public school system.

(10) To encourage the parents of such children to apprise the schools of these children so that appropriate programs can be planned.

SECTION 3

ACTIVITIES

OVERVIEW

Children who had been identified as hearing impaired and their parents were contacted by a project staff member. They were advised as to the objectives of the program and were provided the opportunity to become participants. Those parents who had indicated an interest had their children evaluated by appropriate personnel to determine present levels of proficiency in speechreading, auditory training, and language. Various measures were utilized to make these determinations. These devices were also utilized to assist in the development of specific stimulation and remedial programs. Programs of training for the parents were provided by project personnel and consultants to assist them in aiding their children in the communication process. Direct observation of the parents in their efforts to aid their children's learning occurred in the therapy setting and in the home. Programming for each child was frequently monitored and adjusted when necessary. Pre- and post-measurements of each child's auditory, speechreading and language skills were taken. A major dissemination activity was the development of brochures for several areas of exceptionality. These brochures defined the exceptionality, presented possible symptoms, and suggested agencies which might be of assistance. These brochures were forwarded to all public school systems and appropriate agencies for dissemination to the parents of exceptional children.

To provide the reader with a more detailed account of what activities occurred in this project, each of the objectives listed in Section 2 of this report will be considered in the same order that

they occurred there but renumbered as an activity. Brief paraphrases of each objective will be given in the following list of activities to spare the reader the necessity of repeatedly referring back to Section 2.

ACTIVITY 1

(SPEECHREADING AND AUDITORY TRAINING FOR CHILDREN)

It is frequently the case that educators in the areas of speech and hearing become quite upset on hearing various theories of communication espoused. Such debate has been counterproductive. For example, some believe that the only route to follow is the aural education, such as encouraged by the Samuel B. Orton Society. Others adhere to the "total communication approach." The staff of the Intermediate Unit believe in an eclectic approach that is dictated by the needs of the child and the nature of the task at hand. Thus, one might see signing being used at one point in time, aural techniques at another point, or some combination. With common sense, looking forward to the types of demands in communication that are likely to be made upon the children when they become of regular grade-school age, the staff of the Intermediate Unit feel that an effective combination of techniques can be used at any point in the child's continuous language development. Appendix D contains several word charts that provide the reader with an idea of the combination of techniques that were often used in the attempts to build up the vocabulary, language, and overall communication skills of these preschool hearing impaired children; one sees listed in these charts total communication, speechreading, audition, formal signing, and speech itself. Thus, no more will be said here on this often volatile subject.

One generally sees the objective of auditory training in most children's plans. The program wanted to develop the maximum use of residual hearing in each child. For example, with some children an attempt was made to condition a response to the presence of sound. With many cases the project made use of discrimination of long and short sounds in an easily identified-with context (toy animals and their stereotypical noises). In some instances the EFI auditory training unit was used (e.g., level C with about 115 db of output there). Awareness of just gross sounds was often attempted.

ACTIVITY 2

(LANGUAGE ACTIVITIES)

The bulk of this report's discussion will be centered around this topic. To project staff, this area was the innovative phase of programing to which the project made major contributions and achieved valuable insights. However, before recounting the details of this programing, some general background information must be presented to allow full understanding of the setting in which instruction occurred. Appendix H gives the weekly schedule of programing followed in the course of the 1974-1975 school year. Eleven children received services. Generally, each child was seen twice a week on alternating days for an hour at each sitting. (The two exceptions were the brothers, F.P. and G.Q., who were seen for an hour and a half on Tuesdays only, and E.O., who was also seen for an hour and a half, but on Thursdays only.) In general, each session on any given day was split. The first half-hour was usually devoted to the child's language development, with the mother assisting the hearing therapist in this task. The second half-hour was mother-oriented; the hearing

therapist discussed concerns of the mother with her and also suggested ways in which the language of her child could be stimulated through everyday experiences; the batteries of the amplification aid were also checked.

Now this report will turn to the specific training techniques that were used. Appendix B contains the overall goals, objectives, procedures, and diagnostic techniques. Appendix C contains sample lesson plans of selected child cases. Appendix E contains end-of-year reports for 1974-1975, with several instances of specific techniques that were used with each child. Finally, Appendix D contains child case reports from the preceding year (1973-1974) whose programing ideas served as a partial resource for 1974-1975. If the reader sifts through all these appendices, he will have a good idea of what specific types of techniques were used for the various (anonymous) children in this project. Some examples will be given next.

Generally, meaningful language experiences were sought. Vocabulary and language development centered around real-life objects and experiences that were familiar to any given preschool child in his own particular home context. In this way, a high degree of identification was ensured. The hearing therapist cooperated with the mother in devising activities that would have such inherent meaningfulness for the child that could be used during the twice-a-week sessions. By reading through the appendices mentioned above in this section, the reader can gather what specific types of activities were engaged in. A typical example will suffice here. Frequently, children were involved in making some simple kitchen food, such as instant jello. To stimulate language and vocabulary development, the child would be

asked to name spoon, bowl, milk, mixer, noise, wash, dry, and put away. Thus, nouns and verbs received heavy emphasis.

ACTIVITY 3

(GAINING PARENTAL INTEREST AND INVOLVEMENT)

Every attempt was made to have the parents become as actively involved as possible in the education of their children. Special Training was provided to parents in language development activities during the twice-a-week home visits (for mothers) and the Saturday parent program (for fathers). The Training activities and the time breakdown are given under Activity 5 below. However, it should be noted that the general philosophy behind all these parental discussions was to get the parents as actively involved as possible with the nature of their child's problem and with ways for alleviating the handicap. The regularly scheduled discussion times allowed for the achievement of this objective.

Apart from the formal discussions described above, two informal gatherings of parents were arranged to allow a friendly, relaxed atmosphere in which to discuss problems of mutual concern. The first such occasion arose as a result of a formal in-service day sponsored by the project. In April, 1975, Dr. Northcott spoke on language development to about thirty mothers, including those of children in the project class (the in-service day, although sponsored by the project, was opened to all other interested parents of handicapped children of any age to gain maximum effect from the in-service.) In the afternoon of that day, Dr. Northcott spoke on programs for the hearing impaired to about 75 staff members of the Intermediate Unit. Finally, in the evening, Dr. Northcott spoke to project class parents on integrating their hearing impaired children back into the normal classroom; this

evening talk also had teachers, administrators, and other types of educators from both districts and the Intermediate Unit (total of about 100 individuals). After Dr. Northcott's presentation, there was an informal get-together of the parents, project staff, and Dr. Northcott.

The second informal gathering designed to bring together parents of children with similar problems was held in June, 1975. One set of parents held a dinner at their home for all the other project class parents. This relaxed setting again allowed parents to become acquainted and to discuss the various problems they had met.

ACTIVITY 4

(PARENTAL AWARENESS OF CHILD'S FUNCTIONING LEVELS)

During the parental involvement sessions (the twice-a-week mother sessions and the special Saturday program for fathers), discussions were held on many aspects of each child's special situation. One area covered was at what level each child was currently functioning. The discussion was a free-flowing, give-and-take session that encouraged parents to ask as many questions as they wished and which attempted to get them to view their child realistically. (See Activity 5 for more details of parental involvement.)

ACTIVITY 5

(PARENTAL INVOLVEMENT IN INSTRUCTION)

A primary goal of the project has been to involve the parents in as much activity as possible that will lead to maximum language development in their children. It was deemed crucial that parents be trained in simple, day-to-day activities that can nonetheless play a major role in fostering the language of their preschool hearing

impaired child. Two major parental involvement programs were utilized: one for mothers, and one for fathers.

The mothers involvement program could be considered the primary parental involvement phase. Most children were seen twice a week for an hour at each sitting. The first half of a sitting was devoted to the language development of the child, with the mother assisting. One must remember that this program was homebound in nature, and thus the mother felt at ease in the setting that was most familiar to her, namely her own home. During the first half-hour, the real-life instructional activity for the child (described in Activity 2 above) was led primarily by the hearing therapist, but the mother was involved too. In this manner, the mother served a type of "apprenticeship" in seeing first-hand how everyday activities within her home could be turned into natural language development activities without a great deal of preparation on the mother's part. However, it must be recognized that the orientation of the first half-hour was definitely toward the child, and thus some special time had to be reserved for the mother herself; this was the purpose of the second half-hour. In the latter time slot, the mother was the focus of attention. During this time, the hearing therapist discussed activities that the mother could do at home, also centered around everyday, meaningful experiences. For instance, if the mother would be vacuuming, it was explained to her how various concepts could be gotten across to her child (rug, clean, dirty, dirt, cord, switch, turn on, turn off, and so on).

The second phase of the parental involvement program was for fathers. It was felt that because the father usually was unavailable at the time the twice-weekly visits were made by the hearing therapist, due to work obligations, a special effort had to be made. A ten-week

program for fathers ran from March to June. During this time, two sets of fathers met on alternating Saturdays from 9:00 A.M. to noon. Every other Saturday, the fathers of three-year-olds met, while the fathers of four-year-olds met on the remaining Saturdays. Thus each of the two sets of fathers met for a total of five weeks. A local church (Abington Presbyterian Church) kindly donated a two-room suite (general playroom and office) to use for these father meetings. The father came with his child. Miniature learning stations were set up around the playroom with a father-child pair assigned one to a station. The hearing therapist floated around from station to station to discuss issues of mutual concern between herself and each father. Somewhat similarly to the mother involvement program, the father program emphasized meaningful, day-to-day activities that a father could become involved in with his child to develop language to the greatest extent possible. However, it was stressed that the father did not have to contrive special activities; it was more a matter of trying to involve a child as much as possible in some naturally occurring activity and focusing language stimulation accordingly. For example, if a father would be raking leaves as one of his normal fall activities, there were many nouns, verbs, adjectives, and other words that could be used to develop vocabulary and at the same time to carry over into language stimulation by means of strings of words, phrases, and sentences. To provide the fathers with a typical "practicum" experience in applying language development exercises to everyday experiences. Two field trips were arranged. One trip was to a firehouse, and the other was to a McDonald's restaurant. Vocabulary and language development activities appropriate to these trips were gone through in detail.

ACTIVITY 6

(SECURING MEDICAL AND EDUCATIONAL CONTACTS)

The discussion under Activity 5 above has outlined in detail how various portions of program time were reserved for parents to discuss their child's problems. During these discussion periods, occasional questions would arise as to how various auxiliary services could be obtained. Appropriate referral information was given to the parents. Also, parents were encouraged to call the Intermediate Unit's central speech and hearing impaired program staff for any other professional questions that came to mind. Brochures were also developed (see Activity 7 below) that were designed for parents to provide them with appropriate referral information.

ACTIVITY 7

(BROCHURES FOR DISSEMINATION)

The Intermediate Unit saw as a crucial element of this embryonic preschool program the dissemination of appropriate information on what services were available at this point and in the future for parents of a preschool handicapped child. Because the preschool program was basically a very small and new type of operation, special dissemination channels were seen as essential to creating as much awareness as possible in school officials and parents across the county. Appendix A contains the result of this project's efforts at dissemination.

Six brochures were produced: brain injured/learning disabled; speech/hearing; visually handicapped; mentally retarded; emotionally disturbed; and physically handicapped. Because there generally are no services offered for preschool handicapped children by public schools in Pennsylvania (other than federally assisted classes such as the one

in this project), a major project goal was to put parents into contact with key information on what agencies do offer such preschool services at the present time. Each brochure lists symptoms of the disability in question, provides detailed referral information on what agencies to contact, and explains what the Intermediate Unit and public districts do offer when the child becomes of school age.

ACTIVITY 8

(DISTRIBUTION OF PRESCHOOL BROCHURES)

There were a total of about 2,000 of each of the six brochures printed. At least 50 copies of each of the six brochures (and in some cases more than that) were distributed to each of the 21 public school districts in Montgomery County. Three or four private organizations for the handicapped also received 50 copies of each of the six brochures.

ACTIVITY 9

(AWARENESS IN PARENTS OF PUBLIC SERVICES)

The information contained in the brochures described in Activities 7 and 8 above was given to parents of this project class. The brochures contained most of the background necessary to make parents aware of what services are offered by the public school system. The regular discussion sessions held each week with the mothers during the home visits by the hearing therapist also allowed for the imparting of such information.

The dissemination of the brochures was designed for this parents' awareness function on two counts. First, it was anticipated that local school district authorities would hand out the brochures in response to calls for information they received from parents of pre-

school handicapped children. Second, the brochures themselves served as Training devices for school district personnel as to what services were available; these staff members would then be better equipped to answer questions verbally in the future.

ACTIVITY 10

(REGISTRATION OF PRESCHOOL CHILDREN WITH PUBLIC SCHOOLS)

The project class participation allowed all parents the opportunity to informally register their children with the Intermediate Unit's Hearing Impaired Program so that the latter school officials would be better equipped to serve these children in the future. On a larger scale, for parents of children not served by this project, the brochures described in Activity 7 encouraged parents to get into contact with the Director of Special Pupil Services in their local school district as well as the appropriate Intermediate Unit program coordinator.

SECTION 4

EVALUATION PROCEDURES AND RESULTS

OVERVIEW

Three different methods of evaluation were used in this project. The first method dealt with the third-party evaluation technique mandated by the Bureau of Special and Compensatory Education. The second and third methods both were internally generated by project staff. The second method consisted of a subjective, formative-type of evaluation of all objectives by project-associated staff. The third method consisted of objective, pre-post data generated on the children in the project class. Each of these three methods is described below.

METHOD 1

(Third-Party Evaluation)

On November 6, 1974, Dr. Forman B. Moody (Director of the Bureau of Special and Compensatory Education) notified each Intermediate Unit that their Title VI project would be evaluated by a team from the Institute of Educational Research (IER). Appendix F contains the notification letter. Two ladies from IER visited Dr. Leiss and the project class for a half-day on Thursday, December 5, 1974. The IER contact person was Marianne Krulikowski. This was the only visit that occurred, and thus no measure of change or progress within the project was possible. During summer, 1975, when Montgomery County Intermediate Unit staff tried to obtain from the state a copy of the IER report for inclusion in the present document as an appendix, they were told by the Division of Special Education that the IER reports were not being released to anyone outside the Division. It should

be recalled that the Intermediate Unit was not notified until October 10, 1974, as to project approval (see Appendix J). Because the Intermediate Unit cannot begin operating and/or encumbering funds until receipt of such official approval, the months of July, August, and September saw no activity. Thus, the scheduled time of the visit was somewhat premature, and not all of the project activities could be seen in their entirety. During 1975-1976, the Title VI preschool projects will be evaluated by a pre-post third-party evaluation scheme; the latter plan will be much more appropriate.

METHOD 2

(Formative Evaluation of All Objectives)

During summer, 1975, staff associated with this project organized all their formative evaluation reflections and judgments. Throughout the 1974-1975 project year, the staff had been making such observations on the worth of the various project activities, and these formative evaluation observations can now be reported in the sense of summative evaluation data. Each of the objectives will be considered in turn below.

Objective 1 dealt with speechreading and auditory training. The staff felt there was progress observable in the children and that therefore the activities would be worth maintaining in future projects of this type. However, no formal summative data (that is, Method 3) was obtained to verify this observation.

Objective 2 dealt with language development training for the project class children. Here the staff felt there were great gains made in the children in general throughout the year. This area of project activity was seen as a major contribution to programing

techniques in the preschool hearing impaired field. The specific activities contained in Appendix D that were generated during the 1973-1974 project year have a number of formative comments attached to them, and were seen as a quite viable framework for the current preschool curriculum; although these activities in Appendix D were obtained from the previous 1973-1974 project year, they proved highly useful to staff in the current project. Appendices B, C, and E contain the current project's curricular activities that grew out of Appendix D's activities. In general, the project staff reacted quite favorably to the idea of a curriculum built around everyday activities that both parents and their children can identify with and use readily in their home setting. Such activities did not require extraordinary efforts on the part of parents and seemed quite natural to everybody involved. Visible progress was observed in the language development of most children. Vocabulary increased, and grammatical structures become more sophisticated. The discussion under Method 3 below provides "hard" data for this objective.

Objective 3 dealt with gaining parental interest and involvement. The half-hour of each of the two weekly visits that were devoted to discussion of parental concerns was quite effective in helping to achieve Objective 3. The two informal gatherings among the parents themselves left something to be desired because of some occasional personality flare-ups but otherwise also served their purpose.

Objective 4 was fully met both in the weekly sessions with mothers and in the Saturday program for fathers.

Objective 5 was carried out quite well during the twice-weekly visits to the home by the hearing therapist. During these sessions the mother participated in the first half-hour in assisting the hearing therapist carry out real-life language development activities. Apart from this "hands'on" training, the mothers were given special attention during the second half-hour of each of the twice-weekly home visits; this time was specially reserved for intensive discussion of home training activities and other activities. On Saturdays the fathers were given five weeks of special training in activities that could stimulate the language development of their children. Thus, the parent training was quite well organized, and evidence of its effectiveness was apparent from informal verbal reports by the mothers to the hearing therapist.

Objective 6 was carried out as needed.

Objective 7 was completely achieved.

Objective 8 was completely achieved.

Objective 9 was carried out on an individual basis with parents of all project class children and on a mass basis for parents in general through the brochures that were disseminated to the public schools.

Objective 10 was implemented in the same two ways that Objective 9 was.

METHOD 3

(Pre-Post Test Data)

The formative evaluation data given under Method 2 was the primary means of providing evaluative feedback on the effectiveness of this project. However, objective "hard" data was also generated

on the effectiveness of all training techniques (Appendix E). The hearing therapist generated this data by means of several objective evaluation devices: Peabody Picture Vocabulary Test, Receptive Expressive Emergent Language Scale, and the ACLC (Assessment of Children's Language Comprehension).

A second technique of pre-post assessment type was the hearing therapist's carefully structured professional observations of the child's language performances at both the start and end of the training program. Also included in the hearing therapist's observations were reflections on how effective the auditory training had been and the degree of parental involvement in the training activities. Appendix E also contains all these evaluative observations.

Because of the wide range of functioning among all children in this program and the relatively small number of children involved (9), it is totally inappropriate to summarize data in group fashion either descriptively or inferentially. Instead, the formal case-study approach was employed. Appendix E contains the results of these individual analyses of pupil performance. The reader will find there for each of the nine preschool hearing impaired children a pre-program performance appraisal, a brief description of the therapy, and a post-program performance appraisal. Only by carefully reading each of the nine case-study, pre-post evaluation summaries can the reader understand what degree of progress was made by each child.

What objectives were covered by the data of Method 3? Objective 2 is the one objective that is most directly addressed by the results given in Appendix E. However, other objectives are incidentally reflected upon by the hearing therapist's professional observations which are also given in Appendix E. In particular, one obtains partial

evaluative feedback on Objectives 1, 3, and 5.

SUMMARY

From the experience gained during these three years of operation, some generalized preschool hearing impaired programing recommendations can be made. First, curriculum should not be "canned" in the sense of predesigned, formal presentation akin to academic instruction for older children; rather, a set of activities should be devised specifically around a child's everyday environment and experiences to form a truly meaningful curriculum for him. Second, an active program of parental involvement is especially essential at the preschool level so as to train the parents in everyday ways of stimulating language development that must form the bulk of instruction for these children due to the limited amount of time that the hearing therapist actually can spend weekly with any given child. Third, it appears at this point that a homebound instructional model is quite appropriate for preschool children from 0 to 3 years of age, while a self-contained classroom setting is more effective for preschool children from 3 to 5 years of age.

SECTION 5

(ELIMINATION OF GAPS AND WEAKNESSES)

Historically, there has been a large gap in statewide programing for the preschool handicapped child in general and the preschool hearing impaired child in particular. Direct routine state funding for preschool programs has not existed. Prior to the advent of federal funding, the only manner in which preschool programs could be run was through private agencies such as the Montgomery Association for Retarded Citizens: Thus, public school systems and intermediate units did not enter into preschool programs. However, when Title VI-B funds became available through the Elementary and Secondary Education Act of 1965, the state finally had found a means to fund a limited amount of programing for the preschool handicapped child. In the case of Montgomery County, the current project therefore helped to alleviate a large gap or weakness in comprehensive services for all handicapped children to age 21. While the amount of federal monies available to establish any preschool programs was quite small ($40,000.00), it was felt nonetheless that the program created under this funding made a noticeable contribution to alleviating the gap.

A second aspect to the issue of eliminating gaps or weaknesses revolves around setting priority areas of attack. Few would argue with the need for early intervention with handicapped children. It is imperative that educators try to combat as early as possible the mental, physical, and affective retardation that will continue to escalate in any type of handicapped child if no programing is instituted for him soon enound. Using the latter consideration as a criterion, the Director and Assistant Director of Special Education examined the various possibilities to which the money could be deployed. It was

decided that of all the areas of handicap, the preschool hearing impaired warranted the highest priority. These children need a great deal of early language stimulation if they are to have a reasonable expectancy of eventually getting integrated into normal classes. Thus, the Intermediate Unit feels it has attacked an especially sensitive, major gap in its range of programing.

SECTION 6

(DISSEMINATION EFFORTS)

The project has engaged in several levels of dissemination throughout its one year of existence: (1) parent training for any parents of hearing impaired children in the county; (2) formal mass dissemination of professionally printed brochures. Within each of these two levels of dissemination, multiplier strategies were employed to broaden the impact of the limited monies allotted to this preschool program.

The parents training program has already been discussed in Section 3 (Activities). However, a few extra details are directly relevant in the present topic of dissemination. First, while the parent training program could have been limited to only those parents who had a child enrolled in the project class, such was not the case. The parent training program instead was opened to all who had a hearing impaired child so as to achieve maximum multiplier effects. Second, to reinforce the successes achieved in training parents (in effect, the mothers) during the regular training program, the project had a separate father training program held on Saturdays as mentioned earlier in Section 3. Here, however, the training program was restricted to those fathers who had children in the project itself. Thus, those children in the project class eventually had parents who had been trained in the techniques of language development in the preschool child and in relating to the child more meaningfully in everyday, real-life experiences.

While the monies allotted to this project were necessarily restricted due to statewide allocation patterns within the Division of Special Education, a major multiplier effect was achieved through the use of professionally printed brochures. A batch of 50 brochures of each

exceptionality was sent to the 21 public school districts of Montgomery County and about 3 or 4 private agencies which had contact with pre-school-age children. The Intermediate Unit Board Members also received a copy so that they could relay this information to their own local boards.

APPENDIX A

BROCHURES FOR

MASS DISSEMINATION

dates for either program are referred by their local school district. Goals of the BI program include working with the child's behavioral and emotional problems, as well as improving his academic skills. BI children often require extended, intensive help. The goal of the LD program is to improve the child's academic skills to the point where he may be reintegrated into the regular classroom setting. The LD program generally lasts two years for each child, after which he returns to his regular class, hopefully on a full-time basis. While some children continue to need support, the LD program has achieved its goal with a large majority of its students.

Before he enters a BI/LD class, the child is given a neurological examination and is evaluated psychologically and educationally in order to plan his program. Throughout his enrollment, his progress is measured and followed up. Each child's program is individualized to meet his needs according to two models: 1) **Self-contained classes** provide intensive instruction in reading, mathematics, spelling, handwriting, and language skills (social studies and science too in BI classes) for the full day, but children go out to regular classes for music, art, gymnastics, and library study. 2) Mildly handicapped children are assigned to a regular classroom but come to the BI/LD **resource room** at specific times for special training. Parents are asked to attend evening sessions conducted by the program staff in order to participate in educational planning for their child and broaden their understanding of his learning problems.

If you have questions or concerns about finding an appropriate preschool program for your child, contact first the **Director of Special Pupil Services** in your local school district. If you need further information, contact:

Dr. Libby Goodman
Special Education Center
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19401
telephone: 539-8550

If you suspect that your child is brain injured or has a learning disability, this brochure, prepared by the Montgomery County Intermediate Unit, may offer some guidance in detecting and dealing with his problems. Although the Intermediate Unit has no formal programs for brain injured/learning disabled (BI/LD) *preschool* children, it offers a wealth of services once a child reaches school age (4 years, 7 months). These will be briefly described. In the meantime, we hope you and your child will benefit from the other services noted here.

Who Are the Brain Injured and Learning Disabled?

Brain injured/learning disabled children possess normal or above-average intelligence but exhibit certain *behavioral* or *learning* disabilities resulting from deviations in the function of the central nervous system. Besides demonstrating behavioral problems, such as lack of attention and poor control of impulses and motor functions, the child may be deficient in understanding or using language, spoken or written. He may be imperfectly able to listen, think, speak, read, write, or do arithmetic. When there is a significant discrepancy between his educational ability and achievement, the child may be identified as "learning disabled." This category includes such conditions as perceptual handicaps, minimal brain dysfunction, dyslexia, and developmental aphasia. It does **not** include those children whose learning problems result primarily from visual, hearing, or motor handicaps, from mental retardation, emotional disturbance, or environmental disadvantage.

What Are the Signs and Symptoms of Brain Injury or Learning Disability in Preschool Children?

Parents on the lookout for the following signs should understand that most of them are relative. That is, the parent's perception of the child's "difficulty" will be much influenced by how that parent views what is "normal" for, say, a 4-year-old, how severe the problem seems, how the child stands with respect to his peers, and how the parent handles changes in the child's behavior. Parents should consider the following areas, which overlap to some extent:

Language: BI/LD children typically have language problems—not in articulation, which can be handled by speech therapy, but in language that is awkward in structure, excessive, restrictive or strange, lagging behind that of the child's peers in, for example, number of words used. The BI/LD child is typically a youngster who understands but is not very expressive, or meaningfully expressive.

Orientation: Any child should have a certain perception of who he is and how to get around and function within his own environment. BI/LD children, however, may show physical or social disorientation: They tend not to see patterns, relations between things; they may be detached or unable to follow simple directions. They may be excessively clumsy in fine or gross motor skills: A 4-year-old, for instance, should be able to master certain skills—if not tie his shoe, at least get into his coat. Also, the BI/LD youngster tends to hate change; he needs a great deal of structure in his environment in order to function effectively. If the parent moves the child's bed to a new location in the room, for example, the youngster may get disorganized and have difficulty adjusting.

Behavior: Such children are usually, though not always, hyperkinetic or hyperactive, sometimes explosive, erratic, or uninhibited. Usually they will demonstrate poor impulse control and have difficulty in delaying gratification. Occasionally, however, the BI/LD child will be very quiet and withdrawn.

Learning: Ordinarily, the BI/LD child will have difficulty with some kinds of sequencing and may tend to perseverate (repeat an activity over and over). One of his most characteristic traits is to perform well on an activity one day, and the next day be unable to repeat the task. A parent might be concerned if the child has never been taught or exposed to letters, a book, color words, or has no interest in these things. And, by the time he is ready for school, he should know some kinds of basic information—perhaps how old he is to the year, his name, the town he lives in, etc.

What Services Are Available for Preschool BI/LD Children?

At present, neither the local school districts nor the Intermediate Unit provide diagnosis or therapy for preschool BI/LD children. However, if you suspect a problem in your child, a number of alternatives are open to you. The following agencies will attempt to get you professional help in diagnosing your child's need and finding a suitable program for him.

Delaware Valley Association for
Children with Learning Disabilities
P.O. Box 2913
Philadelphia, Pa. 19126
telephone: OR6-2424

Primarily a referral agency, the DV-ACLD also publishes a **Directory of Remedial Day Schools** ($2.50) which lists a number of private schools with preschool programs. Contact them for this and for further information.

Montgomery County Child Welfare Services
One Montgomery Plaza
Norristown, Pa. 19404
telephone: 275-5000

Child Welfare Services provides, free of charge, information, screening, and referral for all children under 18 living in the County. They can put you in touch with the proper agencies and programs.

Montgomery County Comprehensive
Day Care Program
Montgomery County Court House
Norristown, Pa. 19404
telephone: 277-4240-1

Contact this office to discuss your needs and get advice in placing your child in a family day care home or center in the County.

Children's Aid Society
1314 DeKalb Street
Norristown, Pa. 19401
telephone: 279-2755

This is a voluntary child placing agency, primarily for full-time foster care and parent counselling. Parents may make application directly or be referred through Child Welfare Services or other health and welfare agencies.

What Services Does the Intermediate Unit Offer?

After your child enters school and reaches age 6, he will be eligible for transfer into either the BI program, if he has behavioral and emotional difficulties associated with his learning problems, or the LD program, if his difficulties are more purely concerned with learning. Children who may be possible candi-

Children's Aid Society
1314 DeKalb Street
Norristown, Pa. 19401
telephone: 279-2755

This is a voluntary child placing agency, primarily for full-time foster care and parent counselling. Parents may make application directly or be referred through Child Welfare Services or other health and welfare agencies.

A number of private schools in the County offer, at a charge, preschool programs for ED children. Contact the above agencies for help in finding an appropriate school program for your child.

What Services Does the Intermediate Unit Offer?

After your child enters school, he will be eligible for transfer into the ED program, whose goals are to provide supportive services and an individualized educational program for each child, according to his need, as well as support to parents. Children who may be possible candidates for the program are referred by their local school district after a complete psychological and educational evaluation. Psychologists and psychiatrists evaluate and monitor their progress; social workers maintain a liaison between school and family; and itinerant master teachers and other specialists work continually with teachers, small groups of students, and individual students.

In general, the ED program aims to help the child acquire an understanding of himself and his worthiness as a part of society, to re-integrate him into his regular classroom curriculum, and to prepare him for the world of work. Personally, the child should hope to acquire pride and confidence in himself, a measure of adaptability in adjusting to stress or difficulty, and a positive response to others. Academically, the ED elementary program stresses language arts and mathematics. The children are integrated into regular classes for social studies, science, and health education as they are able; modified units in these subjects are taught in self-contained classes when the students cannot handle them in regular classes. All students are eligible to receive the same specialized services in music, art, and physical education as students in regular classes, though in certain cases the Intermediate Unit special teacher provides the program in these areas. Parents are asked to attend group meetings and individual conferences with the staff in order to participate in educational planning for their child and broaden their understanding of his learning problems.

If you have questions or concerns about finding an appropriate preschool program for your child, contact first the **Director of Special Pupil Services** in your local school district. If you need further information, contact:

Mrs. Nancy Anderson
Assistant Director of Special Education
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19401
telephone: 539-8550

Montgomery County Intermediate Unit
Executive Director . . . . . Dr. Dennis Harken
Director of Special Education . . . . . Dr. Lester Mann
Project Director . . . . . Dr. Robert H. Leiss

MONTGOMERY COUNTY INTERMEDIATE UNIT

38

Services for Preschool Emotionally Disturbed Children in Montgomery County

this project supported through title VI funds from public law 89-313

If you suspect that your child may be socially or emotionally disturbed, this brochure, prepared by the Montgomery County Intermediate Unit, may offer some guidance in detecting and dealing with his problems. Although the Intermediate Unit has no formal programs for socially and emotionally disturbed (ED) *preschool* children, it offers a wealth of services once a child reaches school age (4 years, 7 months). These will be briefly described. In the meantime, we hope you and your child will benefit from the other services noted here.

What Children Are Socially and Emotionally Disturbed?

Defining these kinds of behavioral disabilities is complicated by at least two factors—the social/cultural and the psychological/educational. What is considered deviant behavior varies, not only from culture to culture, but according to the expectations of the observer of that behavior. Furthermore, parents, teachers, principals, and psychologists each may bring a different point of view, or bias, to bear in defining that behavior as "inappropriate" or "unacceptable." In very young children parents should consider just how excessive, severe, or chronic is the behavior in question—which may range from impulsive and aggressive acts to depression and withdrawal.

The State's definition is as follows:

Children are construed to be socially and emotionally disturbed when their reactions to life situations are so personally unrewarding and so inappropriate as to be unacceptable to their peers and adults.

For purposes of special education, socially and emotionally disturbed children are those who because of mental illness or psychological stress may exhibit overt behavior deviating from aggressive destruction to morbid withdrawal, and, therefore, benefiting more from placement in a special classroom.

What are the Signs and Symptoms of Social and Emotional Disability?

A large number of "normal" children behave in ways common to ED children (showing fearfulness, destructiveness, hyperactivity, for instance) but are never labeled "ED" because the behavior in question is infrequent, without pattern, or relatively mild. Parents on the lookout for the following symptoms, therefore, need to observe and judge them with an eye to their frequency, pattern, and severity.

The child may be **acting out**, that is, aggressively expressing his unconscious impulses and showing very poor behavioral control. Many people feel that emotional disturbance is equivalent to acting out and that the ED child automatically causes behavioral difficulties, but this is not necessarily so. Only about 25% of diagnosed ED students in Intermediate Unit programs are aggressively acting out.

The youngster may exhibit various forms of **hyperactivity or anxiety**: an exaggerated reaction to stimuli in his environment, difficulty in controlling his impulses, difficulty in concentrating, a lack of attention, an inability to sit still—all without being aggressive. About 50% of our diagnosed ED students show anxiety of this kind.

The child may be **withdrawn**, that is, he may find it especially difficult to understand the realities of his environment, what real-life expectancies are. Consequently, he tends to show loss of contact with reality, and may be disordered in thought, feeling, speech, or conduct. Perhaps 25% of our ED children fit into this category.

What Services Are Available for Preschool ED Children?

At present, neither the local school districts nor the Intermediate Unit provide diagnosis or therapy for preschool ED children. However, if you suspect a problem in your child, a number of alternatives are open to you. The following agencies will attempt to get you professional help in diagnosing your child's need and finding a suitable program for him.

Contact the nearest Base Service Unit (BSU) of the County's Mental Health/Mental Retardation Program for direct help, counselling, therapy, or guidance. The BSU will study your needs, help provide financial support if necessary, conduct a diagnosis, and make the appropriate referral. BSU's in Montgomery County:

Community Counseling Services
1314 High Street
Pottstown, Pa. 19464
telephone: 326-9250

Penn Foundation for Mental Health,
Lawn Avenue
Sellersville, Pa. 18960
telephone: 257-6551

Penn Foundation has a preschool and Kindergarten program for children with ED or developmental problems.

Community Organization for Personal Enrichment (COPE)
150 E. Butler Avenue
Ambler, Pa. 19002
telephone: 643-5522

Abington Hospital Mental Health/
Mental Retardation Center
Old York Road
Abington, Pa. 19001
telephone: 885-4000, Ext. 413

Central Montgomery Mental Health/
Mental Retardation Center
1100 Powell Street
Norristown, Pa. 19401
telephone: 277-4600

Lower Merion Community Mental Health/
Mental Retardation Center
Suite 201, 3 E. Lancaster Avenue
Ardmore, Pa. 19003
telephone: 896-5340

Montgomery County Child Welfare Services
One Montgomery Plaza
Norristown, Pa. 19404
telephone: 275-5000

Child Welfare Services provides, free of charge, information, screening, and referral for all children under 18 living in the County. They can put you in touch with the proper agencies and programs.

Montgomery County Comprehensive Day Care Program
Montgomery County Court House
Norristown, Pa. 19404
telephone: 277-4240-1

Contact this office to discuss your needs and get advice in placing your child in a family day care home or center in the County.

Montgomery County Child Welfare Services
One Montgomery Plaza
Norristown, Pa. 19404
telephone: 275-5000

Child Welfare Services provides, free of charge, information, screening, and referral for all children under 18 living in the County. They can put you in touch with the proper agencies and programs.

What Services Does the Intermediate Unit Offer?

Essentially, the local school district has the responsibility to see that each MR child—EMR, TMR, or PMR—secures a program of education and training appropriate to his needs, and some of these services are provided by the Intermediate Unit. If the child is in school, parents who have questions regarding his program should contact the teacher who works directly with the child. However, if you need additional information, contact the program supervisor of the **Director of Special Pupil Services** in your local school district.

If you have questions or concerns about finding an appropriate *preschool* program for your child, contact first the **Director of Special Pupil Services** in your local school district. If you need further information, contact:

Mr. Michael Reilly (EMR)
Mr. William Towne (TMR)
Mr. Peter Boardman (PMR)
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19406
telephone: 539-8550

The Educable Mentally Retarded Program: Although the Intermediate Unit does not directly operate programs for EMR children, it does provide a variety of services to the local school districts, where the programs are run. The school psychologist makes the classification of handicap, then determines the most appropriate educational program on the basis of recommendations. As in all MR programs, the process by which referral and class placement is made is sequenced and mandated by Right to Education procedures.

The EMR curriculum is geared toward giving the child daily living skills. These include reading with a certain degree of skill and doing the math required for everyday, commonplace calculations—knowing something about coins and currency, banking, simple fractions, decimals, ratios, as well as addition, subtraction, multiplication, division. The program seeks out the survival skills and, with continuity, attempts to teach these in developmental fashion.

The program's ultimate goal is the employment of the student in the community; thus, the vocational aspect is made consciously prominent from Kindergarten on. While most students eventually find unskilled or semi-skilled jobs, occasionally some will have a particular flair for, say, auto mechanics and find their way into highly skilled work. Vocational-technical programs, largely nonverbal and hands-on oriented, are designed for such students. All students are given the minimum academic requirements for pursuing and getting a job, as well as attitudes toward work and social skills—getting along with others, taking direction and criticism, growing on the job. These are part of the curriculum from the time the child is 6 and identified as an EMR youngster.

The Trainable Mentally Retarded Program: While most services to TMR children are district-operated programs, in many cases they are conducted with Intermediate Unit supervision. Besides the 15 classes for TMR children which it operates throughout the County, the Intermediate Unit provides, when requested, consultative and supervisory services to the local school districts' TMR classes.

In order to help the TMR child function semi-independently or independently on a socially acceptable level, the program teaches self-care, communication skills, basic academic skills, and family living skills. In addition, wherever possible it includes prevocational and vocational skills. Itinerant special education services, such as speech and vision therapies, are also provided when necessary.

The Severely and Profoundly Mentally Retarded Program: Generally with PMR children, many physical and emotional problems coexist. In order to treat these children most effectively, the Intermediate Unit tries to break its PMR classes into subgroups, recognizing the presence of multiple handicaps. Children are grouped for instruction based on their common needs, and the emphasis of each child's program depends on the severity of his retardation. The general educational goal of the program is to reduce the amount of dependency in the individual. Yet most PMR children will probably have to remain in a protected setting throughout their lives.

Montgomery County Intermediate Unit
Executive Director . . . . . Dr. Dennis Harken
Director of Special Education . . . . . Dr. Lester Mann
Project Director . . . . . Dr. Robert H. Leiss

MONTGOMERY COUNTY INTERMEDIATE UNIT

SERVICES FOR PRESCHOOL MENTALLY RETARDED CHILDREN IN MONTGOMERY COUNTY

this project supported through title VI funds from public law 89-313

The complex condition known as "mental retardation" stems from many different causes and manifests itself in many forms, at many levels. What follows in this brochure must be, to some degree, a simplification of this condition, since innumerable textbooks have been written on the diagnosis and treatment of mental retardation (MR). What we can offer are some guidelines for detecting and dealing with your child's problems, if you suspect he may be mentally retarded. While the Montgomery County Intermediate Unit has no formal programs for *preschool* MR children, it does offer, along with the school districts, a wealth of services once the child reaches school age (4 years, 7 months). These will be briefly described. In the meantime, we hope you and your child will benefit from the other preschool services noted here.

Defining Mental Retardation

The broad 1961 definition of the American Association on Mental Deficiency (AAMD) is generally adopted, in Pennsylvania and nationally, as the standard: "Mental retardation refers to (1) subaverage general intellectual functioning, (2) which originates during the developmental period, and (3) is associated with impairments in adaptive behavior."

(1) **subaverage intellectual functioning** is generally determined by performance on a standardized intelligence (IQ) test.

(2) **the developmental period** means any time during the first 16 years of life, "the formative years."

(3) **impairments in adaptive behavior**: During preschool years this means a slow rate of development in such sensory-motor or maturational skills as sitting up, walking, and talking; during school years, impaired learning, or academic ability, would be the criterion; and, in adult life, poor social adjustment or inability to earn a living.

By emphasizing both intelligence and behavior, as well as time of onset, this definition requires that all three criteria must be met before a person is labeled MR. Pennsylvania State Standards use basically these same criteria and classify retarded children into three general groupings by educational potential (IQ scores). One should note, however, that the IQ score is only one factor considered in determining an appropriate program for the child.

Educable mentally retarded children are children who exhibit difficulties in their adaptive behavior as a result of subaverage intellectual functioning which occurred during their formative years. Difficulties are usually exhibited in learning and social adjustment. Children who are considered for this program receive a complete psycho-educational evaluation by a certified school psychologist. Those children whose estimated IQ's range between 55 and 80 can be considered possible candidates.

Trainable mentally retarded students are those whose adaptive behavior is significantly impaired as a result of a subaverage functioning which occurred during their formative years. In order to be placed in such a program, children must be given a thorough psycho-educational evaluation by a certified school psychologist. Children who obtain an IQ of below 55 may be considered for such a program.

Severely and profoundly mentally retarded children: [These standards are in the process of being written, but have not yet been released by the State Department of Education.]

The Signs and Symptoms of Mental Retardation in Preschool Children

Here we are dealing primarily with "adaptive behavior" characteristics, not the other two criteria of definition. Typically, those preschool children classified as "educable" (EMR) and "trainable" (TMR) will not exhibit overt behavior much different from that of other children of their chronological age. The main difference is that the EMR child has a reduced capacity to learn and learns at a slower rate; the TMR child's capacity and rate is further reduced. "Severely and Profoundly" (PMR) retarded children, on the other hand, frequently have physical or sensory impairments and often may look and act discernibly different from normal children.

EMR preschoolers may be slow in walking, talking, and learning self-care skills, but their behavior is usually no different from that of average children; hence, if retardation is a problem it may remain undetected before the child enters school. Such children may have short attention spans and, perhaps because of that, show some hyperactivity.

TMR preschoolers, unlike EMR children, generally do exhibit developmental problems early in infancy or the preschool years. TMR children frequently fail to acquire self-care skills; their toilet training will be minimal. They typically need training in these skills and in language development but usually learn to walk, speak simply, and feed themselves. In most cases, they will be able to perform only the most basic academic tasks at the first-grade level.

PMR preschoolers may fail to acquire walking and feeding skills, toileting, speaking, or other self-care skills at this age. Most are usually quite dependent on others for their existence and frequently are placed in custodial care.

What Services are Available for Preschool Retarded Children?

At present, neither the local school districts nor the Intermediate Unit provide diagnosis or therapy for preschool MR children. However, if you have consulted with your family doctor and know your child is retarded, or if you suspect a retardation problem, a number of alternatives are open to you. The following agencies will attempt to get you professional help in diagnosing your child's need and finding a suitable program for him.

First, contact the nearest Base Service Unit (BSU) of the County's Mental Health/Mental Retardation Program for direct help, counselling, therapy, guidance, and to register your child for services. BSUs have been set up, on a county-wide basis in the state under the Department of Welfare, to deliver MR services which supplement those educational services provided by the Intermediate Unit and the public school agencies. But, *unless your child is registered with the BSU, he is not eligible for these services.* The BSU will study your needs, help provide financial support if necessary, conduct a diagnosis, and make the appropriate referral. (All fees are on a sliding scale based on a person's ability to pay.) BSUs in Montgomery County:

Community Counseling Services
1314 High Street
Pottstown, Pa. 19464
telephone: 326-9250

Penn Foundation for Mental Health
Lawn Avenue
Sellersville, Pa. 18960
telephone: 257-6551

Community Organization for Personal Enrichment (COPE)
150 E. Butler Avenue
Ambler, Pa. 19002
telephone: 643-5522

Abington Hospital Mental Health/Mental Retardation Center
Old York Road,
Abington, Pa. 19001
telephone: 885-4000, Ext. 413

Central Montgomery Mental Health/
Mental Retardation Center
1100 Powell Street
Norristown, Pa. 19401
telephone: 277-4600

Lower Merion Community Mental Health/
Mental Retardation Center
Suite 201, 3 E. Lancaster Avenue
Ardmore, Pa. 19003
telephone: 896-5340

Montgomery County Association for
Retarded Citizens (MARC)
109 East Main Street
Norristown, Pa. 19401
telephone: 272-0314

MARC represents retarded citizens of all ages, but has specific programs for aiding parents of the newborn retarded, as well as the infant and nursery-age retarded child. The Infant Motivation Program provides therapy and stimulation for the retarded infant from birth to age 3. The Preschool Nursery Program prepares the MR child, aged 3 to 4 years, 7 months, for a public school. Three or four of these Nursery Programs are operated at various locations; call the MARC office for information.

Family Service of Montgomery County
1 Plymouth Meeting Mall
telephone: 825-1520

Programs are provided to help parents through the adjustment difficulties and stresses of living with a handicapped child. Also, Family Service may be able to locate specific resources to help deal with a retarded child's handicap.

Montgomery County Treatment Center
(Easter Seal Society)
837 Sumneytown Pike
Lansdale, Pa. 19446
telephone: 699-7538

The Center conducts a special program for mentally or physically handicapped children aged 3 to 6, with or without retardation.

Huntingdon Valley Children's Development
and Training Program
(United Cerebral Palsy)
570 Welsh Road
Huntingdon Valley, Pa. 19006
telephone: WI7-3848

This is a therapy program (no diagnosis) for developmentally disabled, brain injured, mentally retarded, physically handicapped, or multiply handicapped children, from 2 to 5½ years old.

What Services Does the Intermediate Unit Offer?

Essentially, while the local school district has the responsibility to see that each physically handicapped child secures a program of education and training appropriate to his needs, some of these services are provided by the Intermediate Unit. If the child is in school, parents who have questions regarding his program should contact the teacher who works directly with the child. However, if you need additional information, contact the program supervisor or the **Director of Special Pupil Services** in your local school district.

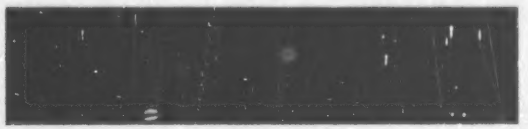
If you have questions or concerns about finding an appropriate *preschool* program for your child, contact first the **Director of Special Pupil Services** in your local school district. If you need further information, contact:

Mr. Peter Boardman
Assistant Director of Special Education
Montgomery County Intermediate Unit
1630 West Marshall Street
Norristown, Pa. 19401
telephone: 539-8550

The Physically Handicapped Program: The Intermediate Unit operates six classes for PH children at the Montgomery County School for Physically Handicapped Children in Norristown. Students range in age from 5 through 21 years and are referred to the program through their local school district with psychological and medical evaluation.

The program aims to provide an education suited to each individual level of intellectual functioning, at the same time considering the child's social and emotional needs and helping him to become as independent as possible. Depending upon the individual, the program's goal is to return the child to a general education program in his local school district. When a child is returned to his district, consultation establishes an appropriate educational program.

During the PH program each student receives services individualized to meet his educational and emotional needs. In addition, physical, occupational, and speech therapies are provided in order to successfully accommodate the student in the classroom setting. Throughout the child's enrollment, ongoing evaluations measure his progress and aid in educational programming. Parents of the students are given opportunities throughout the school year to meet with teachers and discuss their child's program, as well as other concerns.



Many conditions and degrees of orthopedic and other health impairments form the complex, varied category we term "physically handicapped" (PH). Because these conditions, most of them involving medical problems, are difficult to classify or describe, this brochure can offer only suggestions and guidelines for detecting and dealing with your child's problems. If you suspect he may be physically handicapped, consult first with your family doctor and follow his recommendations. You may then want to have your child evaluted or treated through one of the agencies listed here.

While the Montgomery County Intermediate Unit has no formal programs for *preschool* PH children, it does offer a comprehensive physically handicapped program once the child reaches school age (4 years, 7 months). This will be briefly described. In the meantime, we hope you and your child will benefit from the other preschool services noted here.

Defining the Physically Handicapped Child

The Intermediate Unit defines physically handicapped children as those who, "because of some orthopedic impairment, such as cerebral palsy, muscular dystrophy, spina bifida, or because of some other health impairment, cannot attend a regular classroom setting. Students with such problems possess a wide range of intellectual abilities as well as varying degrees of physical involvement ranging from severe to mild."

Frequently such children show a number of coexisting physical and/or emotional problems. For those who are considered "severely and profoundly retarded" and not truly educable, the Intermediate Unit also has multiply handicapped programs which group such children for instruction based on their common needs.

Signs and Symptoms of Physical Impairments in Preschool Children

Within the scope of a brochure, it is impossible to list all the orthopedic and health impairments, with their associated symptoms, that may afflict young children. Cerebral palsy alone, perhaps the most common of the diseases considered in the PH category, has five generally accepted types, plus numerous mixed conditions which occur. If you suspect the presence of an impairment, consult with your physician or contact one of the agencies listed below for counsel and help.

What Services Are Available for Preschool Physically Handicapped Children?

At present, neither the local school districts nor the Intermediate Unit provide diagnosis or therapy for preschool PH children. However, if you have consulted with your family doctor and know your child has a physical handicap, or if you suspect the presence of one, a number of alternatives are open to you. The following agencies will attempt to get you professional help in diagnosing your child's need and finding a suitable program for him.

First, contact the nearest Base Service Unit (BSU) of the County's Mental Health/Mental Retardation Program for direct help, counselling, therapy, guidance, and to register your child for services. The BSU will study your needs, help provide financial support if necessary, conduct a diagnosis, and make the appropriate referral. (All fees are on a sliding scale based on a person's ability to pay.) BSU's in Montgomery County:

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Central Montgomery Mental Health/
Mental Retardation Center
1100 Powell Street
Norristown, Pa. 19401
telephone: 277-4600

Lower Merion Community Mental Health/
Mental Retardation Center
Suite 201, 3 E. Lancaster Avenue
Ardmore, Pa. 19003
telephone: 896-5340

Montgomery County Child Welfare Services
One Montgomery Plaza
Norristown, Pa. 19404
telephone: 275-5000

Child Welfare Services provides, free of charge, information, screening, and referral for all children under 18 living in the County. They can put you in touch with the proper agencies and programs.

Pennsylvania Department of Health
750 East Johnson Highway
Norristown, Pa. 19401
telephone: 631-2280

The Department of Health operates two child health clinics, one in Norristown and one in Pottstown; call the above number for information. Two full-service orthopedic clinics are also available at:

Pottstown Hospital
(on the second Thursday of each month, 1-4 pm)
telephone: 326-2666

and

Abington Hospital
(on the second Friday of each month, 9-12 am)
telephone: TU7-2448

Muscular Dystrophy Association of America
7601 Castor Avenue
Philadelphia, Pa. 19152
telephone: FI2-5900

While the Association has no formal preschool programs, it does offer a free clinic with in-depth orthopedic services, diagnosis, counselling and guidance, testing, and therapy. These services are for muscular dystrophy and related neuromuscular diseases. The Association also runs summer and winter camps for children aged 7 and up.

- Private speech and hearing clinicians holding certification from the Council of Educators of the Deaf or the American Speech and Hearing Association. (Their names are listed in the **American Annals of the Deaf** and the American Speech and Hearing Association's **Directory**.)
- Private schools for the deaf and area clinics
- Pediatricians, otologists, and otolaryngologists (eye, ear, nose, and throat specialists)

Your local school district's **Director of Special Pupil Services** or the Intermediate Unit's Special Education Division may be able to assist parents in locating those who provide these services.

Intermediate Unit Hearing Services Upon Entering School

When your child reaches school age (4 years, 7 months), he will be eligible for Intermediate Unit special services. All districts located within Montgomery County can refer children with hearing impairments to the Intermediate Unit for evaluation. The district makes these referrals based upon a prior evaluation by an otologist and an audiologist to establish the nature of the impairment. Depending upon the severity of the hearing loss and the language skills of the child, either itinerant services (visitations to the local school by specially trained IU personnel) or a full-time classroom placement may be recommended to the referring district. If the Intermediate Unit does not have a program to meet the needs of a particular child, it considers other placements.

Additional diagnostics and therapy are provided by the Intermediate Unit during the summer. This includes a two-week diagnostic program for speech-, language-, or hearing-impaired children identified at kindergarten registration. **If a speech, language, or hearing problem is suspected, parents who are registering a child for kindergarten should alert the registrar.**

For further information concerning speech, language, and hearing services, contact:

Mr. Marshall H. Siegel
Assistant Director of Speech, Language, and Hearing Services
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19401
telephone: 539-8550

Montgomery County Intermediate Unit
Executive Director . . . . . Dr. Dennis Harken
Director of Special Education . . . . . Dr. Lester Mann
Project Director . . . . . Dr. Robert H. Leis

MONTGOMERY COUNTY INTERMEDIATE UNIT

SERVICES FOR PRESCHOOL SPEECH/HEARING HANDICAPPED CHILDREN IN MONTGOMERY COUNTY

this project supported through title VI funds from public law 89-313

If You Suspect a Speech or Language Problem in Your Child—

this brochure, prepared by the Montgomery County Intermediate Unit, may offer some guidance in detecting and dealing with a possible handicap. We define the speech-impaired as those children whose speech deviates from the accepted standards of their individual social and cultural communities in terms of:

Articulation (substitution, distortion, or omission of sounds)
Does your child use another sound in place of the "correct" one?
Does he make errors with certain sounds?
Is he not using some sounds?

Rhythm (stuttering or overly rapid speech)
Is he constantly repeating a sound or word?
Is he having difficulty in getting the words out?

Voice Quality (hoarse, nasal, low or high pitched, breathy)
Does he have a hoarse or raspy voice?
Does he sound as if he is talking through his nose or as though he has a constant cold with a stuffy head?
Does he have an unusually low, squeaky, or breathy voice?

Language (problems in the understanding or expression of the system of spoken symbols)
Does your child have difficulty in following instructions?
Does your child speak in single or two-word phrases rather than sentences?
Does your child confuse or omit words or change the word order in sentences?

Speech/Language Services for Preschool Children

At present, neither the local school districts nor the Intermediate Unit provide evaluation or therapy for preschool speech- or language-impaired children. However, if you suspect a speech or language problem, several alternatives are open to you:

- Contact local area hospitals, university speech and hearing clinics, social service organizations, or private clinics.
- Consult with private speech or language clinicians holding the **Certificate of Clinical Competence** from the American Speech and Hearing Association.
- Contact those cleft palate clinics which participate in Pennsylvania's Cleft Palate and Plastic Surgery Program.

Except for those children who qualify for the State's Cleft Palate and Plastic Surgery Program, all of the above charge a fee for their services. Your local school district's **Director of Special Pupil Services** or the Intermediate Unit's Special Education Division may be able to assist parents in locating those who provide these services.

Intermediate Unit Speech/Language Services upon Entering School

When your child reaches school age (4 years, 7 months), he will be eligible for Intermediate Unit special services provided for speech- and language-impaired students in 17 school districts. Except for the Abington, Cheltenham, Lower Merion, and Pottstown School Districts, which employ their own speech clinicians, the Intermediate Unit provides speech and language services, where needed, for all children within Montgomery County. These services include: 1) screening and evaluation of all new students, 2) individual and small group therapy, 3) speech improvement programs for kindergarten classes, 4) parent training, and 5) consultations with parents, teachers, and others in the educational setting.

Additional diagnostics and therapy are provided by the Intermediate Unit during the summer. This includes a two-week diagnostic program for speech-, language-, or hearing-impaired children identified at kindergarten registration. **If a speech, language, or hearing program is suspected, parents who are registering a child for kindergarten should alert the registrar.**

If You Suspect a Hearing Problem in Your Child—

read the list of warning signs below, tell your doctor about your concerns, and ask for a hearing check. The child with a hearing impairment may demonstrate it in two ways: as a "chronic fluctuating conductive loss," caused by a blockage of sound, and as a "sensori-neural loss," caused by nerve damage. The nature of the impairment should be determined through examination by an otologist (a medical specialist in ear problems) and an audiologist (a professional trained in testing hearing). Depending on the nature of the hearing loss, it may affect the child's speech and language development, voice quality, and social, emotional, or educational achievement. Accompanying conditions may be present—such as cleft palate, cerebral palsy, mental retardation, emotional or behavioral disturbance, visual impairment, learning disabilities, and cultural deprivation—but these are not necessarily associated with the hearing loss.

Warning Signs That Your Child May Not Hear: Does he—

- confuse the meanings of words which sound alike?
- turn up the volume on the radio or TV louder than the rest of the family prefers?
- confuse directions, or say "What?" or "Hunh?" more than other children?
- appear to hear at some times but not at others?
- turn toward the speaker?
- prefer activities which require looking rather than listening?
- respond when called from behind or from a distance?
- respond to meaningful sounds inside and outside the house?
- have allergies, many colds, ear infections, and sore throats?

Hearing Services for Preschool Children

The Intermediate Unit conducts a free diagnostic and therapeutic program, mostly in the home, for hearing-impaired children up to five years of age. (This program is funded on a year-to-year basis with federal monies.) For full information, contact Mr. Marshall H. Siegel at the address below.

Other services, available at a charge, are as follows:

- Local hospital or university speech and hearing centers, audiological clinics

medical eye care, designed to prevent blindness and alleviate eye conditions which could cause visual loss, can be made available on a financial needs basis.

Overbrook School for the Blind
64th Street and Malvern Avenue
Philadelphia, Pa. 19151
telephone: TR 7-0313

Overbrook operates a one-week summer nursery program, usually during the third week of June, for preschool blind children. This program is open, free of charge, to all residents of eastern Pennsylvania. Mother and child both reside at Overbrook for a one-week period, during which the mother is oriented to the problems of the visually handicapped and the child is evaluated and allowed to interact with other children.

Montgomery County Association for the Blind
704 West Marshall Street
Norristown, Pa. 19401
telephone: 272-7190

Services are directed at counselling and casework needs. In addition, MCAB distributes talking book machines to any qualified individuals.

How Can Parents Help?

- Accept the child's handicap, and do not avoid talking about blindness to him. Encourage him to express his feelings.
- Give clear instructions and be sure the child understands them, but do not excuse unacceptable behavior.
- Give him the basic security of knowing he is loved, worthwhile, and important. Provide him a secure place in the family.
- Keep the child interested in the world around him. Certain mannerisms ("blindisms") are sometimes found in the understimulated or bored child. Retreat into fancy, passivity, or over-activity are some of these. Constructive activity and involvement is the key.
- Encourage the child to make maximum use of whatever residual vision he has by giving him attractive materials, by providing comfortable lighting, and by initiating reasons for using sight that the child will understand.
- Try to help the child build a mental concept of his surroundings in terms that are meaningful to him.
- Allow him to explore and find things for himself. Placing his hand here and there does not give him a total and meaningful orientation to his surroundings.
- Allow the child to grow at his own rate without over- or under-stimulation. Comparisons with other sighted children concerning developmental milestones are always a little dangerous.

If you suspect that your child has a visual handicap, this brochure, prepared by the Montgomery County Intermediate Unit, may offer some guidance in detecting and dealing with his problems. While the Intermediate Unit has no formal program for preschool visually handicapped children, it offers a wealth of services once a child reaches school age (4 years, 7 months). These will be briefly described. In the meantime, we hope you and your child will benefit from the other services noted here.

Who Are the Visually Handicapped?

Visually handicapped children are those who, because of the type and degree of visual impairment, are unable to progress satisfactorily in the regular classroom without supplementary assistance in such areas as educational media, materials, and methods. **Partially sighted children** will have visual acuity of 20/70 or less in the better eye after best possible corrective techniques have been employed. **Blind children** have no vision, or little potential for developing vision; generally their visual acuity with correction is 8/200 or less.

The goal of the Intermediate Unit Vision Department is to enable the visually handicapped student, regardless of the severity of his handicap, to maintain himself successfully in a public school setting.

What Are the Signs of Eye Trouble in Preschool Children?

An alert parent can observe and follow up on the traits listed below, any of which may be evidence of an eye problem. A child with an indication of eye trouble of any sort should be tested by a trained professional. Also, a child should be checked by a doctor when any one of the following eye signals are detected, even if he does well on the test. A child may have a vision problem if he:

- rubs his eyes excessively
- shuts one eye or covers one eye and pushes his head forward when looking at an object
- blinks excessively
- obviously deviates his eyes in any direction
- squints or narrows his eyes in the presence of light
- contorts his face
- tilts his head
- has inflamed or watery eyes
- has recurring styes
- crosses his eyes
- turns one eye outward

Serious visual problems are usually detected during the preschool years, though partially seeing children may not be identified until they start school. Therefore, parents should be especially alert for the above signs.

What Preschool Programs Are Offered?

If a preschool program fits into your family plans, consider a local program in your district that has been utilized in the past or recommended by friends. Presently, there are no formalized Intermediate Unit preschool programs in operation specifically for visually handicapped children. The reason is that highly specialized education is not needed during these early years. The parents' most important task is to build the foundation for good character and a balanced personality.

The visually handicapped child is more like the sighted child than he is different. He eats, sleeps, plays, and loves normally. Differences occur when the child is not given favorable opportunities for development. Generally speaking, home is the best place for young children to learn to function, especially during the first few years. A good home for a normal child will be a good home for the visually handicapped child: Their basic needs are very similar.

What Can the Intermediate Unit Do to Help?

The IU Vision Department consults with parents on individual problems and possible solutions. It also offers consultation to any preschool that may have a visually handicapped child enrolled. Parents can contact:

Mr. Ben H. Williams
Supervisor, Programs for the Visually Handicapped
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19401
telephone: 539-8550

After your child reaches school age, he will be eligible for Intermediate Unit special services and materials provided for visually impaired students enrolled in any Montgomery County school district. Vision consultants and other specialists evaluate the functional vision of students; consult with parents, teachers, and other school personnel who work with visually impaired students; and give direct instruction and counsel to students—including braille, typing, academic instruction, low-vision stimulation, and skill development in orientation and mobility.

The Vision Department also operates a self-contained visually impaired-multihandicapped classroom, designed to foster a responsibility for independence in a variety of skills. Your local school district **Director of Special Pupil Services** is the person to contact for full information on the particular programs in your district.

What Other Services Are Available?

Nevil Interagency Referral Service, Inc.
(NIRS)
919 Walnut Street
Philadelphia, Pa. 19107
telephone: MA 7-3501

This is a centralized referral agency, directing parents to sources for needed services, with follow-up as required. NIRS is for those who want help they do not know how to obtain or who want information about blindness which is not now available to them.

Bureau of the Visually Handicapped—
Regional Office
1400 Spring Garden Street
Philadelphia, Pa. 19130
telephone: 238-7530

Services offered by the Bureau are available to all eligible visually handicapped persons regardless of age. A person need not be totally or even legally blind to qualify. Any sight problem or instance of poor vision that limits one's normal activities may be a matter of their concern. Services specific to preschool include family assistance, since a visual handicap is usually a family problem as well as an individual problem. A caseworker will work with the visually handicapped individual and his family toward the solution of any phsical, psychological, economic, social or educational problems that arise. In addition,

APPENDIX B

GENERAL PROGRAM OUTLINE

PRESCHOOL PROGRAM FOR HEARING IMPAIRED CHILDREN

MONTGOMERY COUNTY INTERMEDIATE UNIT #23

Overall goals and objectives

Early Identification
Early and consistent use of amplification
Development of cognitive thought
Language development
Development of social maturity and self concept
Parent training, support and guidance
Definable objectives based on diagnosis of child's needs
Implementation at each child's level of functioning

Procedures

Use of the multidisplinery team for referral, diagnosis and implementation
Monitoring and orientation in care and use of the hearing aid
Creation of a home environment which stimulates thought
Language developed through the use of total communication

1. Modeling and expansion of receptive and expressive language
2. Development of maximal use of residual hearing
3. Involvement of child in meaningful experiences which encourage problem solving and choice
4. Involvement of parent in lessons for carry over into daily home life

Individual and group training sessions for parents
Group therapy sessions under the direction of a psychologist for parents
Speakers in the field of education for the hearing impaired and early childhood development for teachers and parents

Diagnosis using:

1. The Receptive and Expressive Language Test
2. Analysis of Auditory Skills
3. The Pre-School Attainment Scale
4. Otological and Audiological Evaluation
5. Developmental Syntax Sentence Analysis (when appropriate)
6. Boehm Test of Basic Concepts (when appropriate)
7. NSST (when appropriate)
8. Psychological evaluation (when appropriate)
9. Therapist's description of initial behavior and behavior on each subsequent visit

APPENDIX C

SAMPLE LESSON PLANS

A.L. 12/6/74

SAMPLE LESSON

OBJECTIVES:

1. Auditory Training
2. Vocabulary
3. Naming body and clothing parts.

METHODS:

1. Go-stop using crayons and paper A&V+A
2. ash tray — lay 4 out using a only.
   pillow — Which one did s say. Then
   crayon — close your eyes. Which one
   book — is gone.
3. Make instant jello:
   Name: spoon, bowl, milk, mixer, noise, wash, dry, put away.
4. Dress and assemble the boy.

EVALUATION

Put boy together with fair accuracy. Did not name clothing parts. Did not do jello or 4 items.

A . L . 3/19/73

SAMPLE LESSON

1. Use dog and cat for auditory training. I make the sound, He picks out the right animal.
2. Sat up 4 stores for classification. Sort the items for each store.
3. Do food coloring paper. Blowing. A names colors.
4. A brings us a big bag of food and toys. We sort them into 2 piles.
5. Match farm animals to picture.
6. Put farm animals in colored eggs. "Where's the dog?"
7. Put macaroni in a coffee can first many, then a few, shake each can in front of his aid. "Can you hear the macaroni. Give him one to eat.

3/21/75

REPEAT LAST LESSON AGAIN

C.M. 12/5/74

SAMPLE LESSON

OBJECTIVES:

1. Auditory Training
2. Clothing names
3. Body Awareness and names of body parts
4. Teach: mommy, daddy.

METHODS:

1. Using crayon and paper, I say "go" "stop" She responds by moving the crayon on the paper each time I say "go" and stopping the movement when I say "stop"
2. Assemble body on refrigerator. Put up full form so she can see it. Then she assembles with my help. I name all body parts for her.
3. I name clothing for her. She puts clothing on doll.
4. Articles of clothing belonging to mom and dad. D. will place each item either by the picture of her "mommy" if it is her mothers' clothing, or by the picture of her "daddy" if it is her fathers' clothing. I will say, "Mommy's shoe," or "daddy's shoe" She will try to imitate me.

EVALUATION OF LESSON:

F.P. 12/5/75

SAMPLE LESSON

OBJECTIVES:

1. Auditory Training
2. Teach concepts "in" and "on"
3. Teach concepts "go" and "stop"
4. Vocabulary in kitchen

METHODS:

1. Play music. Stop when the music stops. Dance when the music begins. Demonstrate "on" "off" awareness as well as "go" "stop" Mother turns on, off.
2. I sound horn. Boys drop penny in can to demonstrate a response to a sound.
3. Use shoe box. Teach "in" and "on" using a cow. I place cow "on" the box and "in" the box verbalizing my actions.
4. Make instant jello in kitchen. I name all actions during activity. spoon, bowl, milk, mixer, noise, clear up, wash dry, put away.

EVALUATION OF LESSON:

Showed some awareness of on-off with the music. Still does not respond to sound much.

H.R. 4/2/75

SAMPLE LESSON

1. Auditory Training, Response to name. Blocks up in a can.
2. Three animals. Move each one up a square when I make the noise.
3. We play on the stairs. Put cereal in strategic places on the stairs. We go up H. says "up" then we go up. Then try down coming down. Do it W/all the boys.
4. One child be teacher. Turn radio on. We all dance. Stop when music stops.
5. Dust furniture W/cloth and polish

APPENDIX D

SAMPLE 1973-1974 PRESCHOOL PROGRAM

REPORTS USED AS PARTIAL RESOURCES

FOR 1974-1975 REGULAR

SCHOOL YEAR PROGRAMING

MONTGOMERY COUNTY INTERMEDIATE UNIT #23 SUMMER PROGRAM

NAME: A.L. AGE: 3
DATE: 7/11/74

THERAPY: 1. Playing with various trains, cars, trucks, and stuffed toys to encourage and develop oral language.
2. We worked on conditioning a response to the presence of sound.
3. We worked on discrimination of long and short sounds using "arf-arf" and "meeeeeow" with two stuffed animals.

PROCEDURE: While playing with the trains and cars we worked on putting two and three words into sentences. As we played I would stop and start the train saying "Stop train!" and "Go train!". We also presented the phrases "Go up train", "Go down train." and"Go around train." These phrase were varied using trucks, cars and toy animals(Go horse.) We used two stuffed animals for the discrimination work rewarding Wayne for choosing the correct one, either the dog or the cat. We used a hammer and peg set as the response to sound. A conditioned easily to the loud sounds such as a bell, drum, and a tin can full of coins. He also responded well when the sound was simply the dropping of a coin into the tin can.

EVALUATION: A responded well to the play therapy. In the beginning he would hardly speak. When he did speak it was in one word or two word utterances. His first day he said "cat", "break", "car" and "Georgy"(his dog's name). He gestured "Where?" by shrugging his shoulders. By the end of the first week he was putting two words together but they were not intelligible. His first intelligible two word utterances were phrases such as, "Put it away.", "Put it up there." "Right here." and so on. By the last week(the third week) he was imitating the "Chug-a-chug-a" and toot-toot" sound for the train. He was also repeating the phrase "Go___" and Stop___".He then began to combine and assimilate them. He said "Train broke.", Up train, up." "___ give ___ train." and "Train back here." At this point he also began to use the sign for "stop". The last day A asked, "What for?", and Where Mommy?" It was evident from the language produced by A while playing that he has quite a bit more expressive language than would be noted by a casual observance. It took him some time to warm up to therapy not only in terms of days in therapy but also in terms of each day taken individually. A responded much better to language input in a play situation than he did when we attempted to directly solicit responses. Mrs. McBride pointed out that this would be consistent with A's stage of language development. A had what appeared to be great difficulty in discriminating between the long and short sounds as outlined above. However, this may very well have been due to his desire to do other things and also a lack of understanding of what was expected of him. As mentioned above, Wayne conditioned easily to the presence or absence of sound but he did not stay with the task for long periods of time. I feel that Wayne would benefit very much from the Montgomery County I.U. Preschool Program. The incorporation of discrimination and conditining to sound as well as the language stimulation in the Preschool program should aid A a great deal. It was also suggested to A's mother that she attend the Parent Training program run by Mrs. McBride.

MONTGOMERY COUNTY INTERMEDIATE UNIT SUMMER PROGRAM

Therapy

H. was seen with his mother for daily 40 minute sessions for a four week period. H. has just been fitted with a hearing aid. Therapy was to initiate auditory training with creating awareness to gross sounds; educate the parents on aspects of training philosophy and management of the hearing impaired child; instruct the parent in the proper use, care and maintenance of the hearing aid.

H. was introduced to sounds of bell, drum, squeeze toy and coin box. He was initially permitted to experiment with the different noises made on different surfaces. Later a set routine was established in presentation of the various sounds to develop some structure. Key words of "in, stop, go and open" were used in trying to establish visual contact. Parents were given the HOW WE HEAR recording, and instruction manual on care and maintenance of the hearing aid, and the book ANSWERS to introduce them to the scope of hearing impairment. Several aspects of the problem were discussed although continued extensive information counseling will be necessary. Both parents came to observe activities with the hard of hearing youngsters and appear to agree with a total communication approach in language training.

Considerable difficulty has been experienced with the Otocon hearing aid fitted with a Y-cord. After wearing the aid for one week mother noticed no change in H's awareness level. It was observed that H was not responding to extremely loud gross sounds. A check of the hearing aid revealed that the output was considerably below its specification. H demonstrated awareness when the EFI auditory training usit was used at level "C" with an estimated output of 115-120 db at

that setting. H. returned to Childrens Hospital on June 25 at which time the receivers were changed to increase output 8 db. At present one of the new receivers is not working properly and the 8 db increase has not yielded positive results. He has worn a loaner aid in the past week with which vocal behavior is substantially increased. H. is showing some awareness to gross sounds although this behavior is inconsistent. He has not responded to conditioning to establish visual contact. It is felt that a strong emphasis on auditory training is essential. H. displays excellent imitative skills for gesture and vocalization. Expansion of these imitative skills should encourage speech development. H. is a delightful, playful child and will need considerable structuring in the therapy situation if he is to receive maximum benefit. The parents are most cooperative and concerned and deserve the best guidance we can give them. H. will be enrolled in our home pre-school program in September, 1974. Mrs. R. has been given several activities to complete with H daily in the summer months to follow. It is the feeling of this therapist that H needs more gain than the present hearing aid allows. This recommendation will be made to anytown Hospital in hopes that the fitting can be changed and shorter Y-cord be supplied.

6/24/74 Dr. X (Anytown Hospital) has agreed to change the fitting to one with more gain.

I.S.

1-2-74 Worked on blowing bubbles. Tried to say bubble, pop and water orally. Said bye-bye as I was leaving.

1-7-74 Blew bubbles, pasted bubble cut-outs on construction paper. he pasted by himself. Read book What Do I Hear? He was very interested in that appliances make different noises (he knew they did). Tried to mouthe bubble, pipe, water, pop.

1-14-74 Planted seeds (Lavender Herb / Used 3 pictures (baby, dog ball) for discrimination. Had very inconsistent responses through speechreading alone, and also through use of audition and speechreading. Was not able to distinguish using hearing alone. He enjoyed dropping marble in the metal pan for auditory training. Signed water to me as I was leaving the house.

1-16-74 Planted grass seed on flower pot to make man's hair. Went over face parts. Enjoyed playing a face-parts game with his mother and me to see who could find their nose first, etc. Did fairly well distinguishing between 3 pictures (baby, dog, apple).

1-21-74 Made cold drinks from mixes. Was able to match the crayon colors with the drink (purple-grape, red-raspberry, yellow-lemonade). I. would rather point than sign or say what he wants. Signed "cold" on his own today.

1-23-74 Made soup. Very much interested in today's lesson. Seemed to have better eye contact today. Signed "red" and "yellow" for tomato and chicken soup. The last two lessons he has asked me for the pictures for discrimination--he really enjoys this part of the lesson. Seeems to be very visually oriented. As I was leaving he signed "made" (part of the sentence I used--I made soup). He said "I" orally today.

1-28-74 Made jello. Enjoyed this lesson. Had difficulty remembering and telling me what he needed to make the jello the second and third times. Tried to sign jello Did extremely well in speechreading and in reading signs for hot and cold using two pans of water (hot and cold), and he was to drop a paper clip in the right pan. Using speech alone, sign alone, and total comm., he was perfect. Audition alone he could not do at all.

1-30-74 Fish lesson. Enjoyed the lesson, but didn't seem as alert as usual. Loved dropping paper fish into a pan when he heard a sound (sppon hitting floor, table, pan). He even heard the spoon when I was lightly tapping it. Could not hear the water being turned on and off. Had much difficulty distinguishing between water and fish through speechreading and/or audition.

T. S.

2-4-74 Made cocoa. Did well in his ability to remember the sequence to make the second and third cups. Tried to sign cocoa. Can distringuish between hot and cold water by feeling it and can sign it. Was able to tell me what drinks were either hot or cold when shown 6 pictures and could divide them and place them on a piece of paper which had cold drinks on one side and hot drinks on the other. His auditory responses were poor today, however, he was sick over the week-end and had fluid in his ear. He signed "fish" spontaneously when pointing to where the fish were.

26-74 Things that float. He was able to remember the sequence for blowing bubbles and his ability for blowing was much better than the very first lesson. However, the concept of things that stay on toOp of the water and things that go to the bottom was much too difficult for him. He could not grasp this at all.

2-11-74 Used water to paint a picture. Did real well in painting within the boundaries of a circle. Was able to sign red and blue. In the auditory training he did not respond at all to the bell. He responded right away to the drum and dropped the paper circles into the bowl. His mother said he still had a cold. At end of lesson he went to a closet and took out a bottle of Palmolive Liquid and signed Mother and said bubble orally.

2-13-74 Used water colors. He was very precise and neat in his painting. He copied my strokes perfectly and stayed inside the lines for the most part when he painted the birds. Tried to sign several of the colors. Pointed out his bird feeder on his own. Seemed to have difficulty distinguishing between water and brush, but I think part of the time he was just fooling around. He still is not hearing the bell. If he watches the bell and the drum he can point to the right picture.

2-18-74 Made clay. Enjoyed pouring the baking soda, cornstarch and water into the pan. Really lkied playing with the clay. Was able to tell me to wet the clay at the right tim Distinghished between clay and water through speechreading but audition was inconsistent.

2-20-74 Finished clay flowers. He liked the different colors of paint. Wanted to smell each color. Got paint all over his face. Had signs for colors mixed up. When asked to distinguish between flower, water, red, yellow and blue (paint) he did very well through speechreading alone, sign alone and speechreading and audition combined. Did very poorly using audition alone. Cannot distinguish between water being on or off.

I.S.

2-26-74 No lesson (I had the flu).

2-27-74 I still had the flu.

3-4-74 Painted with soap and water. Enjoyed making the fingerpaint, but after it was made, he didn't want to stick his fingers in it at all. Later he liked it, but wanted to constantly wash his hands. In the beginning, when he saw the small glass bowls he thought we were going to make something to eat. Then he thought we were making something for a baby because of the Ivory flakes box. Was able to make a round circle, but couldn't put in eyes, nose, etc. In auditory training he responded beautifully to the on-off of the mixer 6 times. Then I added the bell to the mixer and he responsed to neither. There was no response at all to the drum either, even when I did each one alone. It seems he turns himself off. His mother states that since he was fitted with his aid, his voice quality has become very poor. He seems to grunt a lot now.

3-7-74 Washed dishes with soap and water. Really enjoyed setting the table. Mrs. S. said this was the first time he had ever made a sandwich by himself. He did well. He noted right away that the dishes were blue amd he signed blue. Poured the juice well. Washed and dried the dishes very well. Has very poor control of scissors. Could not cut the plate. Was able to match the cut outs with the actual objects. Very difficult to get any auditory response out of I. today. Mrs. S. was very pleased with today's lesson because they're all going to a restaurant Sunday. I's plants are growing beautifully and the fish are doing well.

3-11-74 Made something for Mommy and Daddy (paper mache bowls)/ At first I didn't want to get his hands dirth with the paper mache, but later he really liked working with it. He was able to imitate what I was doing and work with it on his own. Signed lion spontaneously when he saw a lion. In aud. tr. we used a hammer, saw and alarm clock. He heard the hammer, but not the saw. He liked feeling the alarm clock, didn't want to remove his hands. Used both vision and audition today.

3-13-74 Painted bowls and animals. I's bowls and two animals dried well. He did a real good job of painting the bowls. Signed correctly for the colors he wanted to use. Had very inconsistent responses for the colors red, yellow, and blue through audition only. Had perfect responses through speechreading and signing. Had inconsistent responses for the hammer alone today.

3-18-74 Made popsicles. Had a difficult time remembering the sequence when he was supposed to make popsicles the second and third times. Responded perfectly to the ice being dropped in the metal pan. Very poor response to the hammer, bell, drum.

3-20-74 Made lollipops. This was a FLOP. The mixture burned and turned black so we couldn't do anything with it. I made paper lollipops and enjoyed that. He liked eatingthe popsicles from the last lesson. While Mrs. S was stirring the lollipop mixture I was talking a lot to me using sign.

3-25-74 Made a rowboat. Was able to blow the plastic boats across the water with a straw fairly well. Tends to blow too hard or suck in the air (and water). Loved making and playing with the real boat we made. In aud. tr. he was able to discriminate perfectly between the hammer and the saw. However, he could only perform 3-4 minutes before he was too itchy, started throwing everything around and was badly behaved.

3-27-74 Made fishing poles. After seeing me draw an eye and a mouth on one fish he was able to complete all the other fish on his own. He enjoued fishing and his mother brought out his toy tackle box so he could pit his fish in it. Through speechreading and sign he was able to fish for each individual color and discriminate between big and little fish when I asked for it. I is now wearing a Y-cord on his aid.

4-1-74 Boiled eggs, made soap eggs. Didn't want to touch or work wih soap eggs at all. Had good discrimination between the hammer and the saw for a few minutes. Needed much discipline today.

4-3-74 Dyed eggs, painted soap eggs. I was getting sick today, and had to get up and vomit several times during the lesson. Considering this, he performed fairly well. Enjoyed making the dye, signed most of the colors correctly.

4-9-74 Tested unit on water.

4-10-74 Finished testing. I has almost nothing through audition only. Uses very little speech himself (See next sheet).

		Total Comm.	Speech reading	Hearing	Reading	Gesture & Pant.	Form Signs.
1.	water	✓					✓
2.	mixer	✓	✓				
3.	pan	✓					
4.	spoon	✓				✓	
5.	pitcher						
6.	fork	✓					
7.	knife	✓					
8.	soap	✓	✓	✓			
9.	towel	✓	✓				
10.	eye	✓					✓
11.	nose	✓					✓
12.	mouth	✓	✓				✓
13.	hair	✓	✓				✓
14.	fish	✓					✓
15.	boat	✓				✓	
16.	flower	✓				✓	
17.	ice						
18.	snow						
19.	dirt	✓					
20.	paint						
21.	clay						
22.	egg	✓	✓				
23.	peanut butter	✓					
24.	cookie	✓	✓				
25.	popsicle	✓					
26.	lollipop						
27.	bubble						

	Total comm.	Speaking	hearing	reading	gest & PANT.	Form. sign.
28. pour	✓	✓				
29. drink	✓	✓			✓	
30. mix	✓	✓				
31. blow	✓	✓				
32. stir	✓	✓				
33 hot water	✓	✓				
34. cold water	✓	✓			✓	
35. wet	✓	✓			✓	
36. dry	✓	✓				
37. on	✓	✓				
38. off						
39. colors	✓	✓				✓
40. little	✓	✓			✓	
41. big	✓	✓			✓	
42. swim						
43. throw						
44. in						
45. out						
46. catch						
47. more	✓	✓				
48. smell						
49. look	✓	✓				✓
50. taste						
51. listen						
52. cup						

I.S.

4-15-74 Made outline of body on paper. Knows body parts through sign and will speechread. Does not want to use speech unless he's bribed with something, then he hasd good approximation of eye, nose, mouth, hand, hair, foot, leg.

4-17-74 Put clothes on body outline. Liked painting his clothes on, but wasn't interested in going over the body parts or the clothing. Most of the time he would either stare at me or look right through me. Then all of a sudden he would respond correctly by pointing to all the parts.

4-22-74 Made placemats. After I insered the second strip, he caught on and inserted the strips by himself. Was able to point out placemat, plate, paper, cup, blue, red, easily through total comm., not through audition alone. Discriminated between hammer and saw.

4-29-74 Made traffic light. I. didn't want to stop either his car or himself. He only wanted the car to go fast. Understood that green was go go, red for stop and yellow for slow.

5-1-74 Made paper flowers. Enjoyed helping cut out the circles and pasting the flower. As soon as we finished the flower he signed "Mommy" to me and gave the flower to his mother. I responds very well auditorily to the hammer and saw, but have not been able to get any responses to the alarm clock.

5-6-74 Made paper mache fish. Was very curious as to how a fish was going to appear (out of a light blub). Was very hesitant about didpping the paper strips in the paste. Kept signing fish. His mother gave him the old alarm clock to play with all wee. He loves feling the vibrations, but no response auditorally.

5-8-74 Absent.

5-13-74 Painted fish, made paper chains. I was excellent in his ability to distinguish between big and little in relation to colored strips of paper (blue, green, yellow, brown, orange, pink) using total comm. When I was getting reading to leave he remembered we hadn't worked with the saw, hammer & clock, and he ran to get them all alone.

5-15-74 Made a book on people. Enjoyed choosing which picture he could use in his book when given the choice. Used the sign for man for boy and became very upset when I corrected him. Could not find the pictures in the book using audition alone. Did perfectly through total comm.

I.S.

5-20-74 Made animal book. Knows all the animals and most of the signs. Didn't want to use the full sentence "That's a _____." Just used one word to describe the animal (bird, rabbit, dog, cow, cat, horse, fish) and then only in sign. Mrs. S said they went to the fiar this week-end and Bobby was able to sign up, stop, go (in relation to the rides), horse (merry-go-round), cold, red (soda). Said "black" orally.

5-22-74 Made rabbit puppet out of lunch bag. Mr. add Mrs. S are both quite concerned over what Mrs. T. told Mrs. S yestereday about getting a 3rd opinion on I 's hearing. They are afraid they can't afford going to Anytown . Mrs. S asked it we coud do therapy without the hearing aid today. We did and I couldn"t really tell any difference. At one time I asked him where his nose was (using no signs) and he pointed to it immediately

5-29-74 Made clown puppet out of bag. Imitated sounds fairly well, but it took a long time (bu-bu-bu, [illegible]mmm /) Tried to find parts of the body. Mr. S [illegible]s quite upset about getting a third opinion. He was really getting on the defensive today. The S's have stopped putting I's 's aid on him.

5-31-74 Made turtle out of paper plate. Really liked the sign for turtle and got a big kick out of the turtle's legs and head going inside the body when he went to sleep. Mouths la-la-la, but can't get any voice along with it.

6-3-74 Made bird family mobile. I got a big charge out of the fact he was making baby, Mommy and Daddy birds. Several times he could point to the correct bird using audition only (unaided). He responded perfectly using speechreading only and total communication only.

6-5-74 Made soft white lamb I enjoyed making the lamb and painting the lamb's feet and the barn. We also used his Fisher Price play farm. I painted a round yellow circle for the sun and I immediately painted in rays of sunshine all alone. After the art work was completed, I had little interest in answering my questions, "What's this?", Where is the _____? He avoided looking at my face (he does this a lot). Then, all of a sudden, he decided to cooperate and showed me each animal I asked for (lamb, horse, cow, chicken, dog) with no mistakes. I's nursery school class is going to a farm this afternoon. Mrs. S is going along, so this lesson was timed perfectly.

6-10-74 Began final testing.

6-12-74 Finished final testing. See next sheet.

		Total Comm.	Speechreading	Audition	Form: Signs	Speech	
1.	paper						
2.	scissors	✓					
3.	paste	✓					
4.	crayon	✓					
5.	cut	✓			✓		
6.	draw	✓					
7.	eat	✓		✓	✓		
8.	run	✓			✓		
9.	horse	✓	✓		✓		
10.	chicken	✓	✓		✓		
11.	cow	✓	✓		✓		
12.	lamb	✓			✓		
13.	eyes	✓			✓		
14.	nose	✓			✓		
15.	mouth	✓			✓		
16.	ears	✓			✓		
17.	body						
18.	tail						
19.	drink	✓	✓		✓		
20.	flower	✓			✓		
21.	big/little	✓	✓				
22.	soft/hard	drops off					
23.	mother	✓	✓		✓		
24.	barn	✓			✓		

	TOTAL Comm	Speech/Lg.	Audition	Form Signs	Speech.	
25. foot						
26. hand	✓					
27. hair	✓			✓		
28. shoes	✓			✓		
29. pants						
30. shirt						
31. in/on	✓	✓		✓		
32. hot	✓	✓		✓		
33. fish	✓	✓		✓		
34. water	✓	✓		✓		
35. daddy	✓			✓		
36. house						
37. dress						
38. stop	✓			✓		
39. go/cone	✓					
40. walk	✓			✓		
41. jump	✓			✓		
42. table						
43. plate						
44. turtle	✓			✓		
45. cold	✓			✓		
46. look	✓					
47. baby	✓	✓	✓	✓	✓	
48. round						

D.N.

Pre-School Program
Date: June 25, 1974

FINAL REPORT

D was taken out of a nursery school for most of her lessons since both parents work. Seven lessons were held at home.

D is a girl who imitates everything you say and gives the impression that she understands everything. However, in working with her, it is evident that she repeats, but does not full understand. D has poor spontaneous language and never asks questions, although she often launches into a long sentence, complete with inflections, of unintelligible jabbering. This is her main form of communication, as she uses no signs at all, even though signs were used in all the lessons. She repeats single words and phrases beautifully when she's asked to, but there is very little spontaneous language. There are no question forms which she responds to consistently.

Auditorally, D has shown great improvement. She can now give conditioned responses after hearing a sound. She uses what hearing she has very well. She does get lazy when she's asked to repeat words and drops off the initial or final sounds. When you tell her to say it again, she say it correctly.

D's attention span has increased since therapy began. She is more interested in learning and has really become more outgoing than she was in January. The nursery school teacher has noticed tremendous improvement in D's self-confidence since therapy began. D's visual motor skills have improved greatly. In January she would rarely cut or color on her own. Now I can give her the direction and she will either color or cut with good control.

Mr. and Mrs. N. are very pleased with the change in D since January. D needs continuous tyerapy. Also, a psychological evaluation would be helpful for a full diagnosis of D's problem.

"Hearing Therapist-
Clinician"

I.S.

Pre-School Program
Date: June 24, 1974

FINAL REPORT

I. has really been a mystery for the entire length of the pre-school program. One day he seems to hear and understand everything and the next day he hears nothing. His parents feel that since he was fitted with the aid his voice quality has become terrible (very harsh). I have to agree to some degree. His voice quality was much more pleasant in January and his words seemed clearer. For the last 6 weeks his parents have removed the aid permanently (especially after hearing Mrs. T. recommend getting a 3rd opinion.) I's spontaneous language seems to have gone downhill. He expresses himself almost entirely through gestures and formal sign, he knows a great many signs and uses them. He has rarely used speech to communicate while I have been there. Even saying "bye-bye" seems to be a big chore. His parents say he uses several words orally, but not a lot. I. uses no sentences, only single words (in sign only). The only question form he might understand is "What is this"? However, this is doubtful because I was pointing to the object or picture at the same time he saw it and would immediately sign what it was.

I's auditory responses have always been very inconsistent. He can now respond to a drum, bell, hammer and saw, and sometimes to an alarm clock. However there are days when I can get no response whatsoever to any of the above. His responses are not significantly different whether he's wearing his aid or not.

I's attention span has never been very long, and I can't say

that it has increased any appreciable amount. I's an active little boy and seems to need constantly changing activities, however, he loves doing new things, catches on quickly to what he's supposed to do and colors with excellent control of the brush or crayon. Has some difficulty using a pair of scissors.

I is a very alert child, anxious to learn and will probably adapt well to a school situation. His only drawback is his inconsistency.

"Hearing Therapist-
Clinician"

D.N.

1-2-74 Worked on rooms of the house using pictures. Can say Mommy, Daddy, bath. Enjoyed signing "Sleep", for bedroom and saying orally Mommy, Daddy. Face lit up only when I said "D". Very little intelligble speech, but seems to be saying a complete sentence. Has long babbling phrases, definite inflections.

1-7-74 Used Peabody pictures of different furniture in the Kitchen, bathroom, bedroom, living room. Has much difficulty telling which furniture goes in either bathroom or kitchen when shown the pictures. Can say "bath" well, tries to say "room".

1-14-74 Had session at her home instead of at nursery school (she had had an asthmatic attack during the night). She seemed so much more at ease. This was the first time she volunteered clearly intelligible speech to me. Was able to understand baby, ball, doggy through speechreading and audition. Tended to repeat my question (Where's the baby?, etc.) before pointing to the appropriate pictures. Could not distinguish through hearing alone. Enjoyed showing me her bedroom furniture.

1-16-74 Made her bedroom out of shoebox. Does not understand question "Where's your bed?'', etc. Repeats the question. Has good articulation for D, Mommy, Daddy, baby. Did well in picking out correct pictures out of 4 possible choices (Mommy, baby, doggy, apple).

1-21-74 Changed D's unit to the unit on water as I felt the unit on the house was too advanced for her and I didn't seem to be getting any responses from her. She really enjoyed blowing bubbles and repeated the vocabulary beautifully. At times she even repeated what I was saying to myself (i.e., I dropped the bubble pipe and I said, "Oh-oh", she repeated that with the same inflection that I had used, even though she had not been watching me). Was able to say "more" each time she wanted more water.

1-23-74 Absent today

1-28-74 Made cold drinks from mixes. She had had a bad week-end where she got her hair and hand caught in a mixer while helping her mother bake also cut her mouth while at a party. She really looked low when I came, but she was very good for the lesson. Was able to match the color to the drink. Liked coloring the glasses. Kept asking what each color was. Said orally, "Where's the red?" orally "bubble", "pipe".

D.N.

1-30-74 Made soup. As soon as she saw the picture of soup, she shook her head and made a face (didn't want it). But she was happy making it, tasted the chicken broth and liked it. Did not want to even taste the tomato soup. Very inconsistent in her responses in auditory training.

2-4-74 Made jello. Very interested in making jello. Liked learning the signs for yellow, green, red. Kept repeating the signs. Can say jello orally. Very easy for her to match up the colors with the jello and she can color the jello bowls correctly. Repeats orally what I say. In auditory games, she laughs and her eyes light up when she hears a sound, but she will not turn around. When given a pan of hot water and a cup of cold water, she had a perfect score distinguishing between hot and cold through speechreading alone, sign alone, speechreading and sign combined, and audition alone. This was very easy for her today.

2-6-74 Made cocoa. As soon as I saw D she started signing yellow to me (she was referring to the yellow jello from last time). She loved making the cocoa and eating Monday's hello. Was able to distinguish (using pictures) hot drinks immediately, but wasn't sure when I showed her a cold drink. Could not tell auditorily when the water was on or off.

2-11-74 Things that float. This was an excellent lesson for D. She was able to tell me right away what things stayed on top of the water and what went to the bottom and could paste the pictures on the paper pan in the correct places. She was finally able to give a conditioned response when she heard the bell and the drum. Was able to drop a paper clip into a bowl when she heard a sound and loved doing it.!

2-13-74 Used water to paint. Conditions made today a very bad day. When we got to our room an elderly lady said we couldn't use two rooms because the sewing circle was meeting. When I told her that we would use the kitchen instead, she did't like that because they needed the kitchen, too. When I said we'd only be there for 45 minutes, they reluctantly let us stay, but every time I turned on the water, someone ran in to see what was happening. They had never seen a hearing aid before and panicked when I was putting D's in her ear. They felt so sorry for D. She was distracted by their going in and out. Considering all this, the lesson went fairly well. Could not copy my strokes at all, made blobs. Was able to stay within the boundaries of the circle but not the birds. Could tell when the bell or drum was sounded immediately, but could not point to the correct picture.

D.N.

2-18-74 Made clay. This was held at her house and I was able to meet Mrs. N for the first time. She's the only mother who is doing her homework. D did well with the lesson, but I think she pay more attention at the nursery school. Was able to discriminate between water and clay through speechreading and audition alone. Cannot tell when water is on or off.

2-20-74 Finished clay flowers. Lesson held at her house due to an asthmatic attack during the night. She is much more cooperative and attentive when I take her out of nursery school than she is at home. Enjoyed painting and liked washing the dishes containing the paint when we were finished. Her responses when she was asked to distinguish between water and flower and/or the colors were very inconsistent today. She was not wearing her aid today, Mrs. N said her ear was inflamed and it bothers her ear too much.

2-25-74 I had the flu.

2-27-74 Still had the flu.

3-4-74 Painted with soap and water. Really enjoyed making the fingerpaint. Stirred each color by herself and loved pouring the paint out and painting. Could not make a round circle when I asked her to. Does not respond to mixer being on or off.

3-7-74 Washed dishes with soap and water. Enjoyed setting the table and making peanut butter crackers. She liked the juice and poured it well. Said "that's enough" spontaneously when the cup was full. Also said "more" when she wanted more. Washed and dried dishes well. Was able to match the object with the cutout. Could not give me the correct object when I signed it nor through speechreading. She was able to cut out the plate very neatly. She had trouble cutting out the cup and then she didn't want to cut out any more. Today was the first time she was able to distinguish between the bell and the drum and she did it perfectly every time several times.

3-11-74 Made something for Mommy and Daddy (paper mache bowls). Liked working with the paper mache, but kept saying "dirty". Enjoyed cutting out the animals with the cookie cutters. Had good discrimination between the drum and the bell.

3-13-74 Painted bowls and animals. Today was the Sewing Circle meeting day, but they were very nice to us and we had no problems at all. We had undisturbed use of the kitchen. D chose the colors she wanted orally and did a fair job of painting. Only one animal and two bowls turned out. Had excellent auditory discrimination of red, yellow and blue.

D.N.

3-18-74 Made popsicles. Was able to remember the sequence to make popsicles on her won after she was shown the first time. Had excellent responses to the ice cube being dropped in the metal pan. Can discriminate well between four pictures (Mommy, Daddy, baby, doggy) using audition alone. D has shown great improvement in her auditory discrimination since January.

3-20-74 Made lollipops. Lesson didn't work well with D either. First our maxture was too thin, then we had too much so we poured the rest down the drain and it hardened on the spot and clogged up the drain. We poured boiling water continuously and managed to clear up the pipes. D was able to take several pieces of candy home with her, but it didn't work for making lollipops. We had a good lesson on very hot!

3-25-74 Made a row boat. D was able to blow the plastic boats across the water with a straw very well. She enjoyed making the boat and the paint. Was able to paint circles on the boat.

3-27-74 Made fishing poles. Session was held at her home. She was able to draw eyes and mouths on the fish alone. The only colors she could immediately pick out were red and yellow. Her responses to auditory training using the fish were excellent.

4-1-74 Made soap eggs. We were going to boil real eggs, but all the kitchen cabinets had new locks on them so we couldn't use a saucepan (and I didn't have one) so we made soap eggs. D made them on her own.

4-3-74 Dyed eggs, painted soap eggs. Did a good job of dyeing the eggs, but didn't want to paint the soap eggs at all. Had difficulty distinguishing between the colors.

4-9-74 Absent.

4-10-74 Absent.

4-15-74 Tested water unit. See next sheet.

D.N.	Total Comm.	Speaking	Hearing	Gesture PANT.	Form Sign	Speech
1. water	✓	✓	✓			✓
2. mixer	✓	✓	✓			✓
3. pan	✓	✓				✓
4. spoon	✓	✓	✓			✓
5. pitcher	✓	✓	✓			✓
6. fork	✓	✓	✓			✓
7. knife	✓	✓	✓			✓
8. soap						✓
9. towel	✓	✓	✓			✓
10. eye	✓	✓	✓			✓
11. nose	✓	✓	✓			✓
12. mouth	✓	✓	✓			✓
13. hair	✓	✓				✓
14. fish	✓	✓	✓			✓
15. boat	✓	✓	✓			✓
16. flower						✓
17. ice	✓	✓	✓			✓
18. snow						✓
19. dirt						✓
20. paint						
21. clay						
22. egg						
23. peanut butter						✓
24. cookie	✓	✓	✓			✓
25. popsicle						
26. lollipop						
27. bubble						

uses no sign at all

D.N.

		TOTAL Communication	Speaking	Hearing	Gesture + Point	Form Sign	Speech
28.	pour	✓	✓	✓			✓
29.	drink	✓	✓	✓			✓
30.	eat	✓	✓	✓			✓
31.	blow	✓	✓	✓			✓
32.	mix	✓	✓	✓			✓
33.	stir						✓
34.	hot water	✓	✓	✓			✓
35.	cold water	✓	✓	✓			✓
36.	wet	✓	✓	✓			✓
37.	dry	✓	✓	✓			✓
38.	on						
39.	off						
40.	colors						
41.	big						
42.	little						
43.	swim						
44.	throw						
45.	in						
46.	out						
47.	catch						
48.	more	✓	✓	✓			✓
49.	smell	✓	✓	✓			✓
50.	look	✓	✓	✓			✓
51.	taste						
52.	listen						
53.	cup	✓	✓	✓			✓

D.N.

4-17-74 Made outline of body. Painted clothes. D. wasn't very interested in this lesson. She knew all the body parts except for hair through speechreading and audition. She liked painting her shirt. Shirt was a new word and she seemed proud to say it when I wasn't looking She knew shoes and socks.

4-22-74 Made placemats. Did not want to weave the strips by herself. Became very impatient. Did very poorly in discriminating between placemat, plate, paper, cup, blue, red through total comm. This was very strange for she usually does so well (she was not wearing her aid today).

4-24-74 Motor skills. It took D a while to catch on to the climbing and jumping. She understood walking through total comm. well. Under and over need more work. She loved driving the car and using the words stop and go orally. She thought this was the funniest thing she ever did and loved telling me to walk, go under and stop and go. Signed stop and walk.

4-29-74 Absent (Mr. N's father's funeral).

5-1-74 Made traffic light. Grasped the association of red/stop and green/go very quickly and was able to follow directions through total comm. (driving the car and walking). Also understood fast and slow. Did not run or jump since she had had an asthmatic attack last night and was wheezing quite a bit during the lesson, and I didn't want to aggravate her. Can sign and say stop and go very clearly.

5-6-74 Made paper flower. Really enjoyed making this and liked the perfume smell. Liked planting the real flower (she missed out on this last time around because she wasn't on the water unit until later). D, kept asking if it was hers to keep. Kept saying "round" orally and I cut out the circles.

5-8-74 Absent.

5-13-74 Made paper chains. D did very poorly with big and little in relation to colored strips of paper (blue, green, yellow, orange, brown, pink). Had much difficulty with the colors themselves, too.

5-15-74 The sequence pictures were much too difficult for D so we made a book on people. She can find the correct picture through audition alone well, and sometimes through speechreading and signing. She tried to sign the words. D seemed very "out of it" today. Did not have her aid on today. D seems to have gained so much weight since January.

D.N.

5-20-74 Made animal book. It was difficult for D to day "That's a _____." She can say "that" and she can repeat the animal if I give it to her, but she cannot find the animal on her own or tell me what the animal is when I show her the picture and ask "What's that?" The only animal she knows is the dog. The animals used were dog, cat, bird, fish, cow, horse, rabbit. She hasn't had her aid on for several weeks. The nursery school teacher said her parents say it is lost and they can't find it.

5-22-74 Absent.

5-29-74 Made rabbit puppet out of paper bag. Imitated sounds very well, but had trouble finding body parts. D had her aid on today. The nursery school teacher said the N's told her that they found the aid in the bread box.

5-31-74 Made clown puppet out of paper bag. This was a short lesson since today was the last day of nursery school and they were trying to work the party around D's lesson. D has no problem imitating nonsense syllables.

6-3-74 Made turtle out of paper plate. Lesson held at her home from now on. She continues to be not as attentive or cooperative at home (I think she gets away with a lot from her parents). D is not wearing her aid (broken) but she still seemed to be responding well. Heard her kitten in another room (bells on the collar).

6-5-74 Absent

6-10-74 Made bird mobile. D wasn't very attentive at all. Could find the mother, daddy and baby birds through audition alone and through speechreading alone.

6-12-74 Made lamb. Had some difficulty distinguishing between cow, horse, chicken, lamb through total communication. After she caught on, she could discriminate fairly well using audition only.

6-17-74 Absent

6-19-74 Began final testing

6-24-74 Finished final testing. See next sheet.

D.N.		Total Comm	Speech only	AUD	Form Sign	Speech	
1.	paper	✓	✓	✓			
2.	scissors	✓	✓	✓	✓		
3.	paste	✓			✓		
4.	crayon	✓		✓			
5.	cut	✓		✓	✓		
6.	draw	✓		✓			
7.	eat	✓	✓	✓	✓	✓	
8.	run	✓	✓	✓	✓	✓	
9.	horse	✓	✓			✓	
10.	chicken	✓	✓			✓	
11.	cow	✓	✓			✓	
12.	lamb	✓	✓	✓	✓		
13.	eyes	✓	✓	✓	✓	✓	
14.	nose	✓		✓	✓	✓	
15.	mouth	✓		✓		✓	
16.	ears	✓		✓	✓	✓	
17.	body	✓					
18.	tail	✓				✓	
19.	drink	✓	✓	✓	✓	✓	
20.	flower					✓	
21.	big/little	✓		big		big	
22.	soft/hard	✓					
23.	mother	✓	✓	✓	✓	✓	
24.	barn						

		Total Comm	Spchrdg	AUD	Form Sign	Speech	
25.	foot	✓		✓		✓	
26.	hand						
27.	hair	✓			✓	✓	
28.	shoes	✓	✓	✓		✓	
29.	pants	✓		✓			
30.	shirt	✓				✓	
31.	in/on	✓				✓	
32.	fish	✓				✓	
33.	hot	✓	✓			✓	
34.	water	✓		✓	✓	✓	
35.	daddy	✓	✓	✓			
36.	house						
37.	dress						
38.	stop	✓	✓		✓	✓	
39.	go/come	✓	✓			✓	
40.	walk	✓	✓	✓	✓		
41.	jump	✓	✓	✓	✓		
42.	table					✓	
43.	plate					✓	
44.	turtle					✓	
45.	cold	✓	✓			✓	
46.	book					✓	
47.	baby	✓	✓	✓	✓	✓	
48.	round	✓	✓			✓	

APPENDIX E

1974-1975 END-OF-YEAR

REPORTS (CASE STUDIES)

Student A.L.

Pre-School Program
Date: June 24. 1975

PRE-PROGRAM

Peabody Picture Vocabulary Test — Raw Score 11
Vocabulary — See Attached List

At the beginning of the program, A was conversing in largely one word utterances. He was very withdrawn with me, and would respond only when his mother was in the room. He would attend to each activity for a prolonged period of time, and our lessons usually could last for an hour or more with no fatigue on his part.

DESIGN OF THERAPY

Mrs. L. played an active part in the therapy, watching, listening, and intervening in a very constructive way. She was extremely cooperative and helpful to me in our lessons. Many times I would ask her to prepare a portion of the lesson, by having certain things ready for me when I arrived. Mrs. L became very consistent with A's amplification, and learned to care for the aid very well. Each room of the house was used for language building and Mrs. L. learned to use very natural language with A as the months went by.

POST-PROGRAM

At this time, A is communicating his needs verbally. He still is a quiet child with strangers, but warms up and becomes very verbal when he is comfortable with you. He is speaking in two and three word strings, and is responding well to auditory training, although intensive work needs to be done in speech discrimination. His word imitation is still very poor phonetically.

This family as a unit, has been very cooperative and active in the process of language development.

A and his father did not attend our Saturday Nursery program this year, as Mr. L had to work on Saturdays.

ACLC — Part A 32/50
Peabody Picture Vocabulary Test — Raw Score 22

"Hearing Therapist-
Clinician"

B.K.

Pre-School Program
Date: June 24. 1975

PRE-PROGRAM

ACLC 1/17/75

Part A 34/50
Part B 10%
RLA 30 months
ELA 27 months

REEL Scale

At the beginning of the program, B was talking in one and two word strings, but most of his vocalizations were composed of echolalia. He did not understand much of what he said. He was using his auditory skills very well, and conditioned to play audiometry and auditory training very easily. His attention span was good, and our lessons usually lasted for well over an hour. Mrs. K participated in our lessons and always followed through beautifully.

DESIGN OF THERAPY

Therapy was structured around a home program that allowed maximum participation of Mrs. K in the teaching process. She learned to take advantage of everyday situations and use them as tools for language expansion with B. He seemed to benefit by his mother's skills. Grammatical strings were lengthened to three, four and five meaningful words during the course of the program. Question words were used in meaningful situations and B was able at times to give appropriate responses. He also learned prepositions.

POST-PROGRAM

At this time, B is communicating quite effectively with his immediate environment. He is totally oral, using no sign at all, although sign was used in each lesson. He speaks in simple sentences, and can ask simple questions that are appropriate. He is wearing two ear level aids, and knows how to care for his aids and adjust the volume himself. There has been no complication with the aids since he was fitted with them last summer. B has shown tremendous improvement in language comprehension and expression this year. He does not echo questions any more, but rather can respond with an appropriate answer.

ACLC 5/25/75

Part A 48/50
Part B 70%
Raw Score 19

Peabody Picture Vocabulary Test

"Hearing Therapist-
Clinician"

C.M.

Pre-School Program
Date : June 24, 1975

PRE-PROGRAM

At the beginning of the program C was communicating using total communication and one word utterances. She was using only nouns, a few verbs and no adjectives or prepositions. She learned her colors this year along with several other adjectives.

DESIGN OF THE PROGRAM

C worked very hard this year. At times, she showed some temper tantrums when she did not understand, but overall, her behavior was very good. She seemed to enjoy her lessons each week, and wanted to work with me alone, without W., her sister. She was also content to let me work alone with W, which was an improvement over the previous year. With the addition of concrete adjectives to her nouns already being used, she began to communicate in two tha three word strings. This continued throughout the remainder of the program. Short structured activities to stimulate language were used with good success.

POST-PROGRAM

At this time, C is communicating fairly well with her environment. She is beginning to pick up words from the conversations of other people and generalizing them to her own language. For instance, if her mother is talking to someone about grand-mom coming tonight for dinner, and if C is sitting close by, she will turn and say "Grandmom, yes, eat." She is responding well to all auditory input, and uses total communication very easily. Her language is beginning to expand very naturally, and for instance, if you are taking a walk with her, she will talk continuously about what she is seeing as you walk, using two and three word strings. At this point, she has hundreds of words and phrases she is able to apply to appropriate situations.

REEL Scale 1/7/75

RLA 30 months
ELA 30 months

"Hearing Therapist-
Clinician"

D.N.

Pre-School Program
Date: June, 1975

PRE-PROGRAM

Peabody Picture Vocabulary Test — Raw Score 13

At the beginning of the program D. was communicating in jargon, with very few true words emerging. She was using her hearing well and could respond appropriately in each auditory training exercise. In Janaury, I discovered that she had not been wearing her hearing aid except on Wednesday and Friday when I worked with her. From what I could understand, this had also been the case last year, although the therapist was also not aware of it. Beginning in January, Mrs. N began to insist that D wear her aid every day, all day. D complained that the mold hurt her ear, and her mother had a new mold made. Since that time, she has worn her aid every day with no discomfort.

DESIGN OF THERAPY

D was seen twice a week by me at her Nursery School (Montessori Children's House of the Anytown Area). Her mother could not be present for any of the lessons because of her work schedule. D worked well for me and seemed to enjoy each lesson. She learned her colors, numbers and some letter names and sounds through sign and in conjunction with the school curriculum. Her conversational speech improved, but is still largely comprised of jargon. We covered all question words with appropriate responses, and she was able to do this with fair consistency. She is still learning prepositions. She did not use any sign although sign was used in each lesson.

POST-PROGRAM

At this time, D is still communicating in jargon most of the time, I have noticed a good improvement since January when she began to wear her hearing aid consistently. She can answer questions appropriately, with some true speech beginning to emerge, and can ask questions also such as "What is that?"

I would suggest continued work on questions with appropriate responses during the summer program. D is to attend Anycity School Kindergarten in September, 1975. Hopefully she will have hearing service through the non-public school program, if this is available.

D and her father did not take part in our Saturday Nursery program in Anytown, due to a prior committment on Saturday mornings.

"Hearing Therapist-
Clinician"

E.O.

Pre-School Program
Date: June, 1975

PRE-PROGRAM

E. began in our homeboudn program in January, 1975. Until that time she had not received formal therapy. Her speech at that time, was comprised of babbling mixed with beautiful inflectional tones. She used only ten words in her speaking vocabulary at that time. She was very echolalic, and would repeat anything you said to her in single words.

DESIGN OF THERAPY

An experimental approach was used to help Mrs. O. in stimulating language by doing daily activities with E. Both Mrs. O. and E learned bery quickly. E. picked up sign language as fast as we could give it to her. She learned her colors, which she immediately coupled with the few nouns she did have. This gave her vocalizations some variety. She learned animal names, and sounds, along with some prepositions and appropriate answers to question words, and she did this all using total communication. As she gained and established each concept, she, herself dropped that particular sign, but would continue to use signs for things she was not yet sure of. Both of her parents became actively involved in her lessons, and both have a limited ability in sign language at this point, but are pursuing intensive sign classes.

E. responded well to auditory training, localizing, identifying, and reproducing sound. She conditioned well to play audiometry. She has two body aids at present, and appears to be very comfortable with them.

POST-PROGRAM

REEL Scale	2/8/75	RLA 14 months ELA 20 months
ACLC		Part A 31/50 Part B 10%

At this time, E is speaking in two and three word strings, using nouns, verbs, adjectives and some adverbs. She is also asking some appropriate simple questions. She is extremely verbal and has benefitted from the addition of sign language as a learning tool. She is presently attending the Anytown Nursery Program and her teacher reports continued progress in the classroom. Next year, she will probably attend a Montessori Nursery in the area.

E and her father consistently attended our Saturday Nursery program in Anytown this year.

"Hearing Therapist-
Clinician"

F.P.

Pre-School Program
DateL June, 1975

PRE-PROGRAM

No formal testing was done with F at the beginning of the program, as he was not speaking when the program began. He was fitted with amplification in April, 1975. At the beginning of the program, F was communicating only through gesture. He had no sign language skills although I understand that sign is used in the home. He was active, bright, and had excellent motor skills. He began to speak in January, 1975, and communicated in one word utterances throughout the rest of the program. His mother does report, however, that at times he uses two and three word strings at home.

DESIGN OF THERAPY

Mrs. P. participated in the homebound program and was always very interested in the lessons. Being deaf herself, she would take notes on my lesson to give to her mother, so that when her mother visited each week, she could reinforce my lesson.

F responded to auditory training fairly consistently. He knows his name and can localize sound, and is just beginning to condition to play audiometry. The design of the program was play therapy within a structured setting allowing F to develop auditory skills and speech imitation.

POST-PROGRAM

At this time, F is communicating in single words. He is beginning to imitate inflectional patterns, and noises he hears around. He has also begun to respond to the telephone and door bell as well as animal sounds, which he was never able to do before.

REEL Scale

RLA 24 months
ELA 20 months

"Hearing Therapist-
Clinician"

FINAL REPORT

G.Q.

Pre-School Program
DAte: June, 1975

PRE-PROGRAM

At the beginning of the program, G was not responding to any sound at all, not even his name. He was using hargon most of the time, and some true words, but not in appropriate situations. He was not fitted with amplification until March, 1975.

REEL Scale 1/7/75

RLA 14 months
ELA 20 months

DESIGN OF THE PROGRAM

Both G and his brother, X., were seen together once a week. Most of our sessions were centered on auditory training and home activities to stimulate language development. Mrs. Q watched each lesson and, because she herself was deal, would take notes to give to her mother who came once a week to work with both boys. The grandmother did a good job of following through with my home lesson each week.

G. began to respond to auditory input of all kinds. He is very echolalic, repeating anything you say to him.

POST-PROGRAM

At this time, G is still communicating mainly through gesture, using no sign at all, although sign was used in each lesson. He will imitate environmental noises and speech patterns of others freely. He is still very echolalic. He is not wearing amplification consistently. He wears his hearing aid for about two hours a day, and then takes it off or turns it off himself.

"Hearing Therapist-
Clinician"

H.R.

Pre-School Program
Date: June, 1975

PRE-PROGRAM

REEL 2/5/75

RLA 14 months
ELA 14 months

At the beginning of the program, H was making no sound at all other than crying at appropriate times. He could, however, follow simple directions using gesture such as "come" and "go". He was not aware of sound, even with amplification. He seemed bright, alert and very happy.

DESIGN OF THERAPY

The program was designed to give Mrs. R the basic tools for stimulating language development while performing daily activities in the home. H's three brothers W, Y, Z were included in each lesson, and they also began to learn and use sign language with H in their play. They were a great help to him. In Janaury, H began to respond to sound turned on and off, as well as to his name, the telephone, door, bell, dog barking and tea kettle whistling. He also began to localize sound and imitate sound patterns and environmental noises. He loved all auditory training lessons and conditioned well to play audiometry.

POST-PROGRAM

At this time, H is still communicating mostly through sign and gesture, with some vocalizations. He is beginning to imitate speech patterns such as "al gone" and some animal names and colors, as well as "water" "hot", and "mom" and "dad." He looks for facial information when you are talking to him and will imitate vocalizations. His entire family played an active role in his therapy, and they all learned to stimulate natural language.

H. and his father attended our Saturday Nursery program each week.

"Hearing Therapist-
Clinician"

I.S.

Pre-School Program
Date : June, 1975

PRE-PROGRAM

At the beginning of the program, I did not respond to sound of any kind. We knew from audiometric findings that he was hearing with amplification, although sound appeared to have no meaning for him. His speaking vocabulary was limited to two words, "Hammer" and "saw" which he had been taught by his last year's therapist, although he never did use either of these words in conversation. His extraneous vocalizations were limited to "ba, ba,ba,ba" used repetitiously during an activity, and a popping noise made with the lips. This also was used with no meaning. Using total communication, he seemed to understand and use correctly a limited vocabulary including animal names, family names of people he knew and a few miscellaneous items such as "water," "baby," and "sad". He never used more than one word strings during communication, and was never able to combine adjectives or verbs with the few nouns he did know. His attention span was extremely limited, being able to attend to an activity for no more than two or three minutes.

DESIGN OF THERAPY

Therapy was extremely structured using reinforcements that were tangible such as food and candy. I. responded well to this approach. After much repetition, he did finally begin to respond to his name during audiotory training, however, there was no carryover in an informal situation. Holding a puzzle piece to his ear, he responded well to play audiometry, and was able, on a fairly consistent basis, to respond to his name and some loud noises. He learned to approximate many words vocally, but only in a training situation, and he never used any of these words in conversation nor in conjunction with sign. He could only do this in a formal setting. He does not look for information on his own, but rather was content to complete an activity with no vocalization or sign. Cognitive tasks were tried, but with little meaning for him. He enjoyed everything, but could not generalize any language experience to his daily life.

POST-PROGRAM

At this time, I can respond to some auditory training, but any sound at this point has no meaning for him. He has begun to alter and vary his vocalizations, but again, only in a formal setting. He can say his name, and does respond to some questions using total communication such as "What is your name" and "Where is the_____." He has learned his colors, but is not able to apply color to a noun. For example, he knows red and truck, but is not able to find a red truck among an assortment of several trucks, cars or buses of different colors, nor is he able to say "red truck," although he can vocalize each word separately.

He was not able to condition to the auditory trainer during therapy. This might be attempted again during summer session. Different amplification might be considered during summer session also.

Mrs. S. consistently brought I. to the Anytown School for therapy, but could not take part in any of the therapy, as she had to babysit with a younger child during this time. She was always very receptive to help I would give to her for language development at home. J. and his father did not participate in our Saturday nursery program, as Mr. S. had to work on Saturdays.

I. does not consistently wear his hearing aid.

"Hearing Therapist-
Clinician"

APPENDIX F

NOTIFICATION OF THIRD-PARTY EVALUATION VISIT

OA-501 1-67 COMMONWEALTH OF PENNSYLVANIA

November 6, 1974

SUBJECT Third Party Evaluation of Federally Funded Early Childhood and Other Selected Projects for the Handicapped

TO Intermediate Unit Executive Directors

CC: Intermediate Unit Special Education Directors

FROM Ferman B. Moody

Project No. 04072

The Bureau of Special and Compensatory Education, Division of Special Education has chosen the Third Party Evaluation method for evaluating federally funded early childhood and other selected projects in special education. The purpose of the evaluation is to assess the effectiveness of the projects and to identify strengths and weaknesses of project activities that can be used to assist you and us in improving the overall quality of educational services to handicapped children. Evaluation of project activities is also required in current federal regulations for the handicapped.

The Institute of Education Research (IER) has been selected as the agency to conduct these evaluations for us. Within the next few days, personnel from IER will be in contact with you or your special education director to arrange for an on-site visit and review of your project. We would appreciate it very much if you would cooperate with IER by allowing them to arrange an on-site review of your project and by providing information and data as requested.

We have stressed with this agency the fact that they are to collect data and observations only and not try to make any changes in programs during these on-site visits.

The results of these evaluations from your intermediate unit as well as others will be made available to you and should be of value in planning and implementing the new legislation for the handicapped at both the state and local levels.

Again we appreciate your cooperation in this important endeavor.

cc: R. H. Leiss 11/12/74

APPENDIX G

HISTORICAL BACKGROUND AND FUTURE PLANS FOR PRESCHOOL HEARING IMPAIRED PROGRAM

The 1973-1974 school year saw the first operational year for a preschool hearing impaired program in Montgomery County Intermediate Unit under federal assistance through Part B, Title VI, of the Education of the Handicapped Act (EHA). More specifically, the program was unable to become functional due to late arrival of funds until January, 1974. (This, unfortunately, has been typical in federal project operations in Pennsylvania).

The 1974-1975 project year saw a similar homebound instructional framework but with some major changes from the 1973-1974 operations. For one thing, a heavy degree of parental involvement was built into the weekly schedule for mothers. A quite unique aspect to the parent programing was a special father training program conducted on Saturdays for several weeks. The 1974-1975 operational year built upon previous experiences to provide a more sophisticated and appropriate curriculum for the children.

The 1975-1976 school year allowed the continuance of the preschool hearing impaired program. However, contrary to the two years of 1973-1974 and 1974-1975, the 1975-1976 program involves a self-contained class environment on a split-day basis. In the morning the class is located in an integrated setting with other preschool children of normal characteristics. In the afternoon the class transfers to the Intermediate Unit's hearing impaired school where special attention is given to each child's auditory problems and specific ways of enhancing his communication.

APPENDIX H

WEEKLY AND DAILY TIME SCHEDULE

1974-1975 Preschool

Hearing Impaired

Program Schedule

Tuesdays

9:15 A.M. to 10:45 A.M. - - F.P. and G.Q. (Brothers)

Thursdays

9:15 A.M. to 10:45 A.M. -- E.O.

Tuesdays and Thursdays

11:15 A.M. to 12:00 Noon -- J.X.

1:00 P.M. to 3:00 P.M.-- C.M. and Y.Z. (Sisters)

Wednesdays and Fridays

9:15 A.M. to 10:15 -- A.L.

10:45 A.M. to 11:30 A.M. -- I.S.

12:15 P.M. to 1:00 P.M. -- B.K.

1:30 P.M. to 2:15 P.M. -- D.N.

2:45 P.M. to 3:45 P.M. H.R.

* There were nine children at the start of the project. Two additional children entered later, thus making a total of eleven served by the end of the year.

APPENDIX I

CONTRACT FOR PRINTING

OF FIRST RUN (1000 Copies)

OF BROCHURES

JOHN F. GOODMAN R.D. 1, Box 276 New Hope, Pa. 18938

November 11, 1974

Dr. Lester Mann
Director of Special Education
Montgomery County Intermediate Unit
6198 Butler Pike
Blue Bell, Pa. 19422

Dear Lester:

Following is the projected breakdown of costs for six brochures, 8 1/2 x 11", double-fold, two-color, 1000 copies each, on services available to preschool handicapped children in Montgomery County. The disability areas to be covered are: speech/hearing, mentally retarded, brain injured/LD, emotionally disturbed, physically handicapped, and visually impaired.

Delivery for the six will be on March 1, 1975. I understand that I will undertake the research and writing of the brochures; beyond that, I will be responsible for coordinating the design, composition, paste-up, printing, and delivery of the entire job.

Design	5 hours, @ $20		$100	
Composition	6 brochures,	@ $50	300	
Illustration	" "	@ $15	100	
Phototype	" "	@ $20	120	
Headliner	" "	@ $60	360	
Paste-up	" "	@ $20	120	
Photostats	" "	@ $10	60	
			1160	$1160

Printing: 8 1/2 x 11", double-fold, two-color, 1000 copies, folded, tabbed (if necessary), and delivered 720

Research	per bro., 2 1/2 days @ $100		$250	
Writing	" " 1 1/2 "	"	150	
Coordinating	" " 1 "	"	100	
			500	
Total Research, Writing, Coordinating Cost, 6 brochures				3000
			TOTAL JOB COST,	$4880

Sincerely,

John

John Goodman

APPENDIX J

GRANT AWARD NOTIFICATION LETTER

October 10, 1974

SUBJECT: Transmittal of Projects Under
____P.L. 89-313, Title I, ESEA_X_ Part B, EHA

TO: Mr. Dennis Harken, Executive Director
Montgomery County IU #23

FROM: Ferman B. Moody, Director
Bureau of Special and Compensatory Education
Department of Education

RECEIVED
OCT 23 A.M.
MONTGOMERY COUNTY
INTERMEDIATE UNIT

1. Project Application (Approved):

[X] Your application to conduct a Federally-funded project under P.L. 89-313, Title I, ESEA or Part B, EHA has been approved, subject to availability of funds. Compliance with State and Federal instructions or regulations for proper administration and control of project objectives, funds, expenditures and reports are mandatory for continued approval of the project. No obligation of federal funds may be incurred prior to the effective date of approval.

Date Approved	$ Amount Approved	Project Start Date	Project End Date	Project Number
7-1-74	41,000	7-1-74	6-30-75	48-04072-46-380

2. Initial Project Application (Not Accepted):

[ ] Your request to conduct a Federally-funded project under P.L. 89-313, Title I, ESEA or Part B, EHA, has not been accepted. (See Attached).

3. Revised Project Application (Approved):

[ ] Your request to revise P.L. 89-313, Title I, ESEA or Part B, EHA, project 48-_____ has been approved. Stipulations contained in the initial project approved remain in force, except as noted.

$ Amount Added or Deducted	$ Amount Authorized	Ending Date of Project

4. Revised Project Application (Not Accepted):

[ ] Your request to revise P.L. 89-313, Title I, ESEA or Part B, EHA, project 48-_____ has not been accepted, as noted.